



**PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER**

Assessor
(951) 955-6200

County Clerk-Recorder
(951) 486-7000

Mailing Address
P.O. Box 751
Riverside, CA 92502-0751

www.rivcoacr.org

REQUEST FOR ASSESSOR INFORMATION

Please complete the following sections:

Section I. REQUESTOR INFORMATION

I am the owner of record of the property for which I am requesting information. Yes ☐ No ☐

Requestor Name: _____

Business Name: _____

Mailing Address: _____
Street City State ZIP

Daytime Phone: _____ Other Phone: _____

Section II. ORDER INFORMATION

Please indicate the number of each product requested.

| Product | Order Code | Quantity | Unit Cost | Assessor Use Only Extended Cost |
|---|------------|----------|--|------------------------------------|
| Assessor's Map Copy | A | _____ | \$7.00, per page | \$ _____ |
| Assessment Database Printout* <i>*No charge to owner of record.</i> | B | _____ | \$1.00, first page \$0.10, each additional page | \$ _____ \$ _____ |
| Property File Photocopy** <i>**Written authorization from owner of record is required to release this information.</i> | C | _____ | \$1.00, first page \$0.10, each additional page | \$ _____ \$ _____ |
| Property Characteristics Report (Residential) (1 to 10 assessment numbers) | D | _____ | \$17.00 each | \$ _____ |
| Property Characteristics Report (Commercial) (1 to 10 assessment numbers) <i>***This request may take up to 3 business days.</i> | E | _____ | \$28.00 each | \$ _____ |
| ACR Webpage Printout | F | _____ | \$1.00, first page \$0.10, each additional page | \$ _____ \$ _____ |
| Other | G | _____ | | \$ _____ |
| Total | | | | \$ _____ |

Indicate Order Code(s) and Assessment Number(s) in the spaces below:

| Order Code | Assessment Number | Order Code | Assessment Number |
|-------------|-------------------|-------------|-------------------|
| <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> |

Section III. In accordance with Section 408.3(d) of the Revenue and Taxation Code, the Assessor is not liable for erroneous or incomplete data.

Section IV. I certify that the information provided by me is true and complete to the best of my knowledge.

Requestor's Signature: _____ Date: _____

Note: Form must be signed by the requestor for the Assessor to process this request.