

Joseph E. Holland
County Clerk, Recorder and Assessor
Registrar of Voters



105 E. Anapamu St. 2nd Floor
Santa Barbara, CA 93101

Mailing Address
PO Box 159
Santa Barbara, CA 93102-0159

Susan Morrison
Chief Deputy Assessor

County Clerk, Recorder and Assessor

REQUEST FOR COMPUTATION OF ASSESSOR PARCEL AREA

I hereby request the Assessor provide the computed area for:

ASSESSOR'S PARCEL NUMBER: - -

(OPERATIONS - PLEASE CHECK FOR VALID APN)

I understand that the area provided is for Tax Assessment Purposes Only and is NOT a substitute for a LICENSED SURVEY.

The Assessor uses NET AREA in its acreage computation for tax assessment.

'Net area' is the calculated area within the legal description boundary, excluding any area within public roads and flood control channels.

Fee: Order Set-up Fee \$8.00, plus \$ 65.00/ 1/2 hour increments (min. 1/2 hour)

Job takes approximately 1 hr for each parcel mapped.

Dependent on number of calls and number of deeds/maps required to research boundary

Estimate of Fees: \$ _____

Conditions of Service:

I hereby acknowledge that the above estimate for the requested service is an approximation and that the actual cost may be different. Accordingly, I understand the Assessor is not bound by the estimate and will require full payment of actual cost. I also acknowledge and agree that in recognition that the Assessor will process the service request upon acceptance of this service request form, payment guarantee is requested for this type of service. I hereby authorize the Office of the County Assessor to charge the following credit card the actual cost of the service provided as determined by the Assessor upon completion of the job if an alternative form of payment is not presented upon job completion.

Applicant Name: _____ Phone #: (____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ Exp. Date: ____/____

(American Express not accepted)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Phone Number: (____) _____

Cardholder Signature: _____ Date: _____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

Form Revised 06/04/2014

Department Use: Funds Received by: _____ / _____ / _____