

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

GIS BASEMAP DATA REQUEST

COST: \$71.00 (Plus mail fees if applicable)

Santa Barbara County Assessor Parcel Layer-ESRI .shp file format

Available on CD (Order Filled within 2 working days, not available at the counter)

- Current Assessor Roll parcel ownership information data is included in shapefile
- Current Roll parcel ownership and mailing information with closed roll assessed values.

Purchase of BaseMap also includes:

- ROADS .shp File
This is the County Assessor-developed approximated centerline road file. Its primary purpose is to provide street names for the BaseMap. It does not include Address Ranges.
- Current Assessor Roll parcel ownership information database
Current Roll parcel ownership and mailing information with closed roll assessed values.
May include information on valid Assessor parcels not yet updated in BaseMap.
Provided in ESRI native database .dbf format.
- Ownership database file format explanation sheet
- Code Field explanations for:
 - Use codes, Non Tax Codes, Exemption Codes, Value Reason Codes

In-Person Request: Fees Payable at Time of Order Request

Mail Order Form to: Santa Barbara County Assessor
P.O Box 159
Santa Barbara, CA 93102-0159
Mail order must include this order form and the appropriate fee or the credit card authorization form (on page 2).

Make Checks payable to: **Santa Barbara County Assessor**

Fax Order Form to: (805) 568-3247
Fax order must include this order form and the credit card authorization form (on page 2).

For Mailing of the CD, Provide mailing information and select only one mailing option. Selected mail fees will apply.

_____ \$2.00 Mailed via USPS First Class Mail

_____ \$21.50 Mailed via USPS Express Mail

For mailing, please provide:

COMPANY NAME		
ADDRESS		
CITY, STATE, ZIP		
CONTACT NAME		
E-MAIL	PHONE #	()

DEPARTMENT USE:

Funds Received by: _____

\$ _____ / _____ / _____

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ASSESSOR CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Assessor to charge the following credit card for payment of requested service:

Applicant Name: _____ **Phone #:()** _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp. Date:** ____/____
(American Express not accepted)

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.