



County Clerk, Recorder and Assessor

REQUEST FOR RADIUS MAP

I hereby request the Assessor provide a radius map, ownership list and

- 3 sets of mailing labels for the City of Carpinteria
- 2 sets of mailing labels for all others.
- 1 set of mailing labels for the City of Goleta with associated Excel file sent via e-mail to the City of Goleta.

ASSESSOR'S PARCEL NUMBER:

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RADIUS REQUIRED _____ FEET. Usually 300 ft, over 300 ft radius, incremental fee will apply.

LABELS:

- Owners Only (Owners Mailing address)
- Occupants (*Check only when required*)

Occupant labels are sent to the situs address when the mailing address is different.

- *Contiguous parcels can be charged as one parcel if a single radius is acceptable.*
- *Only one situs and occupant label is provided for apartments complexes, duplexes, offices complexes etc.*

THE CHARGE FOR RADIUS MAPS IS \$88.00 PER SUBJECT PARCEL (up to 300ft radius and up to 500 labels) payable at time of the service request. Incremental charge of \$29.00 per 15 minute increments will apply for radius over 300ft and/or over 500 labels. Applicable incremental charges are to be paid at completion of job. See conditions of payment on page 2.

If the radius is to be mailed, 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

COMPANY & CONTACT NAME
ADDRESS
CITY, STATE, ZIP
CONTACT NAME
CONTACT PHONE
DEPARTMENT USE:
Job completed on: ____/____/____, by _____
Incremental time over 35 minutes to process radius request >300 ft and/or over 500 labels: _____ minutes
Total Fees Charged: \$_____, by _____

JOSEPH E. HOLLAND
County Clerk, Recorder and
Assessor Registrar of Voters

SUSAN MORRISON
Chief Deputy Assessor



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

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

County Clerk, Recorder and Assessor

Conditions of payment:

I authorize this credit card to be charged \$88.00 for radius request up to 300ft and up to 500 labels (and applicable mail fees). In recognition that the Assessor will process the job request upon acceptance of this service request form, payment guarantee is requested. I hereby authorize the Office of the County Assessor to charge the following credit card any applicable incremental charges for radius over 300 ft and/or 500 labels if an alternative form of payment is not presented upon job completion.

I have used an alternative form of payment for the \$88 charge for radius request up to 300ft and up to 500 labels (and applicable mail fees). In recognition that the Assessor will process the job request upon acceptance of this service request form, payment guarantee is requested. I hereby authorize the Office of the County Assessor to charge the following credit card any applicable incremental charges for radius over 300 ft and/or 500 labels 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 06/14