



**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
www.riversidetaxinfo.com

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: _____

Assessor Use Only	
Receipt #:	_____
Office:	_____
Rec'd By:	_____ Date: _____
Proc'd By:	_____ Date: _____
Mail By:	_____ Date: _____
ID #:	_____

Section II. ORDER INFORMATION

Please indicate the number of each product requested.

Product	Order Code	Quantity	Unit Cost	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

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.