

RE: TRACT OR MAP NO. \_\_\_\_\_  
(Not assessment numbers)

ASSESSOR'S SEQUENCE NO. \_\_\_\_\_

Resubmitted Sequence No. \_\_\_\_\_

TO: SAN LUIS OBISPO COUNTY ASSESSOR  
1055 MONTEREY STREET, SUITE D360  
SAN LUIS OBISPO, CA 93408

Assessment Number(s), if known:  
\_\_\_\_\_  
\_\_\_\_\_

Please initiate proceedings necessary to complete the amount of bond for the above referenced map,  
according to Sections 66492 - 66494 of the Government Code.

**YOU MUST ATTACH A COPY OF THE TRACT OR PARCEL MAP TO THIS APPLICATION  
A NON-REFUNDABLE FEE of \$200.00 PER REQUEST MUST BE INCLUDED**

1. Has this map been previously submitted to the Assessor for bonding? YES  NO   
A. If yes, have any changes been made to the original map submitted? YES  NO
2. Was the property purchased or acquired within the last 18 months? YES  NO   
A. If yes, total purchase price or market value: \$ \_\_\_\_\_  
B. Date property was acquired: \_\_\_\_\_
3. Have any improvements been added to the property since the acquisition date? YES  NO   
If yes, please attach a list of the improvements.  
A. Date improvements completed: \_\_\_\_\_  
B. Value/cost of improvements: \_\_\_\_\_
4. When do you plan to record this tract or parcel map? Date: \_\_\_\_\_
5. Will this project include the use of Transfer Development Credits? YES  NO   
If yes, how many \_\_\_\_\_ Cost \_\_\_\_\_
6. Do you expect to make any changes to the title, start any construction (including off sites), or take out any permits **prior to recording the map?** YES  NO  If yes, please provide the following information:

| Expected Activity | Expected Start Date | Expected Date of Completion | Estimated Value of Transfer and/or Cost of Construction |
|-------------------|---------------------|-----------------------------|---|
|                   |                     |                             |   |
|                   |                     |                             |   |

*I certify (or declare) under penalty of perjury, under the laws of the state of California, that the foregoing and all information herein, including any accompanying statement or documents, is true, correct and complete to the best of my knowledge and belief.*

Requesting Party: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT NAME) (SIGNATURE)

Property Owner's Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
(PLEASE PRINT)

Party to Contact: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
(PLEASE PRINT) (8:00 A.M. TO 5:00 P.M.)

Mailing Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

| FOR ASSESSOR'S USE ONLY |                      |             |
|-------------------------|----------------------|-------------|
| TAX RATE AREA           | ASSESSMENT NUMBER(S) | FEE PAID    |
|                         |                      | CHECK #     |
|                         |                      | CASH        |
|                         |                      | CREDIT CARD |