



OWNER NAME \_\_\_\_\_

ASSESSMENT # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS SITUATION \_\_\_\_\_

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**STATEMENT OF CHANGE FORM**

PLEASE COMPLETE THE APPROPRIATE SECTION, SIGN AND RETURN THE COMPLETED FORM USING THE ENCLOSED ENVELOPE OR FAX COMPLETED FORM TO (209) 468-9351 **WITHIN TWENTY (20) DAYS** OF RECEIPT. **IF YOU NEED ASSISTANCE, PLEASE CALL (209) 468-9908.**

**SOLD BUSINESS**     **SOLD EQUIPMENT ONLY**

Date Sold \_\_\_\_\_

Furn/Fix Sale Price \$ \_\_\_\_\_

**NEW OWNER INFORMATION ONLY**

Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_

**BUSINESS ADDRESS AND/OR MAILING ADDRESS CHANGED**

**CHECK HERE IF BOTH**

Date Moved \_\_\_\_\_

New Business Address \_\_\_\_\_

New Mailing Address \_\_\_\_\_

Did you receive a Property Statement for the new location **and** prior location?

YES     NO    If yes, account/parcel #. from that statement \_\_\_\_\_

**PERMANENTLY CLOSED BUSINESS**

Date Closed \_\_\_\_\_

Disposition of assets:     Equipment Retained for Personal Use     Abandoned     Other

If **Other**, explain \_\_\_\_\_

I declare under penalty of perjury that the above statement is true and correct.

\_\_\_\_\_  
Signature of Owner, Officer or Authorized Agent      Phone No.      Date

**Note: California Revenue and taxation code Section 461, False Statement:**

Every person who willfully states anything which he knows to be false in any oral or written statement, not under oath, required or authorized to be made as the basis of imposing any tax, is guilty of a misdemeanor and upon conviction thereof may be punished by imprisonment in the county jail for a period not exceeding six months or by a fine.



Re: Statement of Change

Dear Taxpayer:

When filing Statement of Change form(s) for the purpose of changing assessment(s), proper documentation is **required**. Without proper documentation we will be unable to process your request.

Documentation needed to support business closure:

- ➔ Tax returns
- ➔ Cancellation of Insurance
- ➔ Closed Business License
- ➔ Bills of sale

If you have any questions, please call (209) 468-9908.

Thank you.

Assessor's Use Only

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Fee APN: \_\_\_\_\_

Business Code: \_\_\_\_\_

New Asmt # \_\_\_\_\_

AAOD Action: \_\_\_\_\_

R/C

PP Action: \_\_\_\_\_

Change Mailing Address

New Assessment #

Change Situs

Inactive

Approver \_\_\_\_\_

PP \_\_\_\_\_

Scan

Assessor Notes
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