



PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER

BUSINESS PERSONAL PROPERTY DIVISION
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REQUEST FORM/STATEMENT OF CHANGE FORM
(PLEASE PRINT)

Owner Name (as shown on tax bill) _____

Assessment No. _____ **Aircraft N#** _____ **Boat CF#** _____

Signature _____ **Date** _____ **Tel.** _____

Fill out the applicable section(s) below.

REQUEST FOR PROPERTY STATEMENT (Form 571-L or 571-F)

Tax year(s) requested _____

For new assessments only (no existing assessment no.):

1. Owner name(s) _____
2. D.B.A. _____
3. Mail name (c/o or attn, if applicable) _____
4. Mail address (street or P.O. box/city/state/ZIP) _____
5. E-mail address _____
6. Location of property (street/city/ZIP) _____
7. Type of business Retail Wholesale Manufacturing Service/Prof.
8. Business activity (describe) _____

REQUEST FOR CHANGE OF MAIL ADDRESS

New mail address (street or P.O. box/city/state/ZIP)

STATEMENT OF CHANGE IN PROPERTY STATUS

Sold: Business Aircraft Boat

Date sold _____

New owner's name _____

New owner's mail address _____

Moved: Business Aircraft Boat

Date moved _____

New location _____

Permanently Closed Business:

Date closed _____

Disposition of assets Sold Abandoned Other (describe) _____