



**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.riversideacr.com](http://www.riversideacr.com)  
[www.riversidetaxinfo.com](http://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	_____	\$6.50, 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	_____	\$15.00 each	\$ _____
Property Characteristics Report (Commercial) (1 to 10 assessment numbers) <i>***This request may take up to 3 business days.</i>	E	_____	\$23.00 each	\$ _____
ACR Webpage Printout	F	_____	\$1.00, first page \$0.10, each additional page	\$ _____ \$ _____
Other	G	_____		\$ _____
<b>Total</b>				\$ _____

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.**