EF-261-D-R02-0810-23000069-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

RANK

SERVICEMEMBERS CIVIL RELIEF ACT **DECLARATION**

Pursuant to section 571(d) of the Servicemembers Civil Relief Act (50 U.S.C. Appendix), the personal property of a servicemember shall not be deemed to be located or present in, or to have a situs for taxation in, the tax jurisdiction in which the servicemember is serving in compliance with military orders.

ORGANIZATION

Katrina Bartolomie **MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

DATE

| Ukiah, CA 95482 | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|
| Telephone: (707) 234-6800 | | | | | | | |
| Fax: (707) 463-6597 | | | | | | | |

| MAILING ADDRESS | | | | CITY | | | STATE | ZIP CODE | |
|------------------------------|-----------------------------|-------------|---------------------|-------------------|------------------|---------------------|-----------|------------------------|--|
| WALLING ADDICESS | | | CITY | | | SIAIE | ZIP CODE | | |
| LEGAL RESIDENCE ADDRESS | | | | CITY | | | STATE | ZIP CODE | |
| VOTER REGISTRATION CITY | | | | COUNTY | | | STATE | YEAR LAST VOTED | |
| LIST BELOW | ANY PERSONAL PRO | PERTY | OR MANL | JFACTURED | HOM | IE LOCATED | IN CAL | IFORNIA. | |
| | | PER | SONAL PR | OPERTY | | | | | |
| PROPERTY | DESCRIPTION | | | | SERIAL/ID NUMBER | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | MAN | UFACTURE | D HOME | | | | | |
| MANUFACTURER | | | YEAR OF MANUFACTURE | | | DECAL/SERIAL NUMBER | | | |
| | | | | | | | | | |
| INSTRUCTIONS: | | | | | | | | | |
| | erty by type, description | n. and se | rial numbe | er or ID numb | oer. | | | | |
| | turer, year of manufact | | | | | nanufactured | home. | | |
| | our current leave and e | | | | | | | | |
| 4. Sign and date the | declaration. If you are a | signing th | nis docume | | er of A | Attorney, attac | h a cop | y of the document | |
| 5. Mail the original de | eclaration with attachm | ents to th | ne Assesso | or's office at t | the ad | dress shown. | | | |
| | | C | ERTIFICA | TION | | | | | |
| I certify (or declare) under | penalty of perjury under th | e laws of t | he State of C | California that t | he fore | going and all in | formation | n hereon. includina an | |

SOCIAL SECURITY OR SERIAL NUMBER

accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF DECLARANT