ASSESSOR'S OFFICE **COUNTY OF SAN BERNARDINO**

HOMEOWNERS' EXEMPTION CANCELLATION CARD

If you had a Homeowners' Exemption on the parcel identified below, complete and return this card if one of the following statements are true.
(Check all that apply.)

- ☐ I rented out/moved from my **home** on _____.
- ☐ My **home** will not be occupied on January 1, _____.
- ☐ I claimed Renter's Credit on my mobile home. Remove Homeowners' Exemption.
- ☐ I would like to file for the exemption on Parcel # _____.

If one of the above statements is true, failure to notify the Assessor may subject you to additional taxes, penalties and interest.

Parcel # ☐☐☐☐ - ☐☐☐ - ☐☐ - ☐☐☐☐

Address of Property: Street

Printed Name(s)

City *Zip Code*

Signature *Date*

NOTE: This is not a Change of Address Request, nor is it a Homeowners' Exemption Claim Card. If you have questions about homeowners' eligibility, call (909) 387-8307 or 1-877-885-7654.

Phone Number: Home *Work*

~ MUST BE FILED BY DECEMBER 10 TO AVOID PENALTY~

AOS 009 Rev. (01/15)

PLACE STAMP HERE

COUNTY OF SAN BERNARDINO
BOB DUTTON, ASSESSOR-RECORDER-COUNTY CLERK
ASSESSOR'S OFFICE
172 WEST THIRD STREET
SAN BERNARDINO, CA 92415-0310