



**Mono County Office of the Assessor**

**Barry Beck, Assessor**

PO Box 456

Bridgeport, CA 93517-0456

Telephone: 760-932-5510

Fax: 760-932-5511

Email: [assessor@mono.ca.gov](mailto:assessor@mono.ca.gov)

Website: [www.monocounty.ca.gov/assessor](http://www.monocounty.ca.gov/assessor)

## HOMEOWNERS' EXEMPTION TERMINATION NOTICE

**You must notify the Assessor whenever a property you own is no longer eligible for a Homeowners' Exemption. To avoid potential penalties, this must be done by December 10<sup>th</sup> of the year in which the change occurs.**

You are entitled to a Homeowners' Exemption on one property in California. A property is eligible for a Homeowners' Exemption if you own and occupy it as your primary residence on January 1<sup>st</sup>. A property is not eligible for an exemption if it is rented, unoccupied, or used as a vacation or secondary home. Failure to notify the Assessor may result in escape assessments and/or penalties and interest for the exempted taxes.

**I do not qualify for the Homeowners' Exemption on the property located at:**

**Assessor Parcel Number:** (Please Print)

---

**Property Address:**

---

**Property Owner:**

---

|           |            |        |
|-----------|------------|--------|
| Last Name | First Name | Middle |
|-----------|------------|--------|

**Please check the appropriate box below:**

- I/we do not occupy the property as a principal residence as of (date): \_\_\_\_\_
- This property is a rental, vacation or secondary home as of (date): \_\_\_\_\_
- This property is vacant or unoccupied as of (date): \_\_\_\_\_
- I/we no longer own the property as of (date): \_\_\_\_\_
- The property owner is deceased. The date of death is (date): \_\_\_\_\_
- I/we have an exemption on another property in California (address):  
\_\_\_\_\_
- Other reason and date of change:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Mailing Address:**

This is my new primary residence.

Street Address

---

|      |       |     |                                   |
|------|-------|-----|-----------------------------------|
| City | State | Zip | ( ) _____<br>Daytime Phone Number |
|------|-------|-----|-----------------------------------|

**Signature**

**Date**

**Email**

