



Chris Wilhite
Assessor-Recorder-County Clerk
San Bernardino County
Assessor's Office
222 W. Hospitality Lane, 4th Floor
San Bernardino, CA 92415-0311
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Phone: (909) 387-8307
Toll Free: (877) 885-7654

**CLAIM FOR TRANSFER OF BASE YEAR VALUE
FROM QUALIFIED CONTAMINATED PROPERTY
TO REPLACEMENT PROPERTY
(Section 69.4 of the Revenue and Taxation Code)**

A. REPLACEMENT PROPERTY

ASSESSOR'S PARCEL NUMBER	RECORDER'S DOCUMENT NUMBER
DATE OF PURCHASE/COMPLETION OF NEW CONSTRUCTION	
PURCHASE PRICE/COST OF CONSTRUCTION	
PROPERTY ADDRESS (street, city, county)	

B. ORIGINAL (FORMER) PROPERTY

ASSESSOR'S PARCEL NUMBER
DATE OF TRANSFER/SALE
ASSESSOR'S FACTORED BASE YEAR VALUE AT DATE OF TRANSFER/SALE
PROPERTY ADDRESS (street, city, county)

NOTE: You must attach a copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of transfer/sale. Also, was there any new construction on this property since the issuance of those tax bill(s) and before the date of transfer/sale? Yes No

If yes, please explain: _____

C. CLAIMANT INFORMATION (PLEASE PRINT)

NAME OF CLAIMANT _____

I/We declare under penalty of perjury under the laws of the State of California that all information hereon is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT ▶	DATE
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NAME OF LEGAL ENTITY _____

HOME TELEPHONE (area code first)	WORK TELEPHONE (area code first)
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MAILING ADDRESS (street, city, state, zip code) _____

If you have any questions about this form, please contact the Assessor's Office.

**All information provided on this form is subject to verification.
If your application is incomplete, it may not be possible to process your claim.**

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

