EF-261-D-R02-0810-51000694-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

SUTTER

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.

KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

DAYTIME TELEPHONE NUMBER

| RANK | ORGANIZATION | LSOCIAL SECUE | | | () | | |
|--|---------------------------|---------------------|--------------------|------------|---------------------|-----------------|-----------------------|
| | | 0001/12 02001 | RITY OR SERIAL NUM | REK | E-MAIL ADDRESS | ESS | |
| MAILING ADDRESS | | CITY | | | STATE | ZIP CODE | |
| LEGAL RESIDENCE ADDRESS | | | CITY | | | STATE | ZIP CODE |
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| VOTER REGISTRATION CITY | | COUNTY | | | STATE | YEAR LAST VOTED | |
| LIST BELOW A | NY PERSONAL PRO | PERTY OR MANU | JFACTURED | HOME | LOCATED I | N CAL | IFORNIA. |
| | | PERSONAL PR | OPERTY | | | | |
| PROPERTY TYPE | | DESCRIPTION | | | SERIAL/ID NUMBER | | |
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| | | MANUFACTUR | ED HOME | | | | |
| MANUFACTURER | | YEAR OF MANUFACTURE | | | DECAL/SERIAL NUMBER | | |
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| INSTRUCTIONS: | | | | | | | |
| | y by type, description | and serial numbe | er or ID numb | er. | | | |
| | rer, year of manufactu | | | | nufactured h | nome. | |
| | r current leave and ea | | | | | | |
| | eclaration. If you are si | • | | er of Atto | orney, attach | n a cop | y of the document |
| | ave been granted the | | | | 3 / | · | |
| 5. Mail the original decl | aration with attachme | nts to the Assesso | or's office at th | ne addre | ess shown. | | |
| | | CERTIFICA | ATION | | | | |
| I certify (or declare) under per accompanying statements or | | | | | | ormation | hereon, including any |
| SIGNATURE OF DECLARANT | | | | | DATE | | |