



TRANSFER OF RESPONSIBILITY REPORT

OWNER/COMPANY NAME		ASSESSOR'S PARCEL NUMBER
CONTACT NAME, TITLE	DAYTIME TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
PROPERTY NAME	PROPERTY TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Other _____	
STREET ADDRESS OR PHYSICAL LOCATION OF SUBJECT PROPERTY		CITY, STATE, ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY, STATE, ZIP CODE
HOMEOWNERS ASSOCIATION or PROPERTY MANAGEMENT		
CONTACT NAME, TITLE	DAYTIME TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
MAILING ADDRESS		CITY, STATE, ZIP CODE
EMAIL ADDRESS		

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

Signature of Property Owner

Date

Name of Property Owner

Email Address