



## RIVERSIDE COUNTY TREASURER-TAX COLLECTOR

4080 LEMON STREET / P.O. BOX 12005

ATTN: MAP DESK

RIVERSIDE, CA 92502

PHONE: 951-955-3929 / FAX: 951-955-9680

EMAIL: [mapdesk@rivcottc.org](mailto:mapdesk@rivcottc.org)

## IN BONDING MAP PROCESSING REQUIREMENTS

The following information is required by the Treasurer-Tax Collector in order to research the status of property taxes on the proposed Tract Map / Parcel Map. It is very important that all of the following information is provided in order to process the Tax Estimate during the In Bonding period of January 1<sup>st</sup> through September 30<sup>th</sup> of each year.

1. Tax Bond Estimate request form for 2016-2017.
  - This form must be completely filled out.
  - The Assessment numbers **must be** ten digits (not nine)
2. A full sized copy of the map
3. A copy of the 8.5 x 11 Assessor's map
4. A Cashier's Check for the processing fee of \$69.46

*Once the Riverside County Treasurer-Tax Collector's office has received the information requested above, our office will then process and return the request along with the required bond amount.*

When the map is ready to be signed by the Riverside County Treasurer-Tax Collector's office, please contact our Subdivision Map Desk in order to request a map signing appointment. It is very important that the following items be provided at the time of signing:

1. The Mylar
2. Bond submittal
  - If submitting a Cash Bond, a Cashier's Check will be required along with the completed "Cash Tax Bond Inquiry" Form
    - Please notate the Bond Issuer's name, mailing address and map number on the Cashier's Check
  - If submitting a Surety Bond, the Original Surety Bond approved by County Counsel
3. A separate Cashier's Check for any outstanding taxes associated with the map in question

All Subdivision Map desk forms can be found by visiting our website at [www.countytreasurer.org](http://www.countytreasurer.org)

- Go to "Forms & Fees" → "Forms" → then select the required form (i.e., Tax Bond Estimate Request Form [to be used during the In Bonding period: January 1<sup>st</sup> through September 30<sup>th</sup>], Out of Bonding Request Form [to be used during the Out of Bonding period: October 1<sup>st</sup> through December 31<sup>st</sup>], and / or the Cash Tax Bond Inquiry Form [to be used if submitting a Cash Bond at the time of map signing])

If you have any questions or concerns, please contact our Subdivision Map Desk at 951-955-3929.



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 RIVERSIDE, CA 92502  
 PHONE: 951-955-3929 / FAX: 951-955-9680  
 EMAIL: mapdesk@rivcottc.org

DATE RECEIVED: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_

**TAX BOND ESTIMATE REQUEST FOR YEAR 2016-2017**  
 (FOR USE BETWEEN JANUARY 1, 2016 THROUGH SEPTEMBER 30, 2016)

The following information is required by the Treasurer-Tax Collector's office in order to process the Tax Estimate. It is very important that every applicable field be completed or that the applicable information is included as an attachment.

1. Proposed Tract Map or Parcel Map Number: \_\_\_\_\_  
 Acreage in Stated Subdivision \_\_\_\_\_ Prorate: \_\_\_\_ Yes \_\_\_\_ No  
 All Current Assessment Numbers affected: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Has there been a transfer of any form of ownership interest against the parcel(s) within the boundary of the Tract Map or Parcel Map between January 1, 2015 and December 31, 2015?  
 \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list all the parcel(s) affected, date of sale, and sale price (a copy of the recorded deed should also be included): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certified that the above information is true and correct to the best of my knowledge. I acknowledge that failure to supply accurate information may result in our refusal to supply a tax bond estimate and / or approve the Tract Map / Parcel Map. This may also result in future tax liabilities on the affected parcel(s).

\_\_\_\_\_  
 Agent's Name (SIGNATURE)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agent's Name (PRINTED NAME)

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Title Company

\_\_\_\_\_  
 Fax Number / Email Address

**TREASURER-TAX COLLECTOR'S USE ONLY**

**Estimated Tax Bond for Year 2016-2017 = \_\_\_\_\_**

*Don Kent, Treasurer-Tax Collector*

By: \_\_\_\_\_, Deputy

Date: \_\_\_\_\_

Add Supplemental Statement to Mylar: Yes  No

*Please note that the Tax Bond Estimate is based solely upon the Tax Collector's calculations pursuant to section 66493, paragraph E., of the Government Code. This amount does not reflect, and should not be relied upon for any projection of future valuation by the County Assessor.*