



**RIVERSIDE COUNTY TREASURER-TAX COLLECTOR**

4080 LEMON STREET / P.O. BOX 12005

ATTN: MAP DESK

RIVERSIDE, CA 92502

951-955-3929

mapdesk@co.riverside.ca.us

**CASH TAX BOND INQUIRY**

*The following information is required by the Treasurer-Tax Collector's Map Desk, when posting a Cashier's Check for the Bond Estimate.*

**Tract Map #:** \_\_\_\_\_

**Parcel Map #:** \_\_\_\_\_

Name and Address of the person and / or company posting the Cashier's Check for the Bond Estimate:

**Name:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Amount of Cashier's Check Posted:** \$ \_\_\_\_\_

**IF THE TAXES ON THE ABOVE REFERENCED MAP ARE ALLOWED TO BECOME DELINQUENT, AND THIS CASH BOND IS NOT SUFFICIENT TO COVER THE DELINQUENT TAXES, THE BOND ISSUER AGREES TO PAY THE ADDITIONAL AMOUNT REQUIRED TO CURE THE DELINQUENCY. THEREFORE, BY SIGNING THIS FORM, YOU ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL TAXES, AND SPECIAL ASSESSMENTS COLLECTED AS TAXES, WHICH AT THE TIME OF THE FILING OF THE MAP ARE A LIEN AGAINST THE PROPERTY, BUT NOT YET PAYABLE. PLEASE INFORM THE MAP DESK (951-955-3929) OF ANY CHANGES. THANK YOU.**

\_\_\_\_\_  
Signature of Bond Issuer

\_\_\_\_\_  
Date

**TREASURER-TAX COLLECTOR USE ONLY**

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_

Refund #: \_\_\_\_\_ Date: \_\_\_\_\_