



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@rivco.org

DATE RECEIVED: _____
 RECEIVED BY: _____

CASH TAX BOND INQUIRY

(FOR USE BETWEEN JANUARY 1, 2019 THROUGH SEPTEMBER 30, 2019)

The following information is required by the Treasurer-Tax Collector's office 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:** _____ **mail:** _____

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 SUBDIVISION MAP DESK AT 951-955-3929 OF ANY CHANGES.

 SIGNATURE OF BOND ISSUER

 DATE

TREASURER-TAX COLLECTOR'S USE ONLY	
CASH TAX BOND COLLECTED	CASH TAX BOND APPLIED
RECEIPT #: _____	REFUND #: _____
BOND AMOUNT: _____	REFUND AMOUNT: _____
DATE PROCESSED: _____	DATE PROCESSED: _____
PROCESSED BY: _____	PROCESSED BY: _____