



TOM J. SLAVICH
San Benito County Assessor
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www.cosb.us/departments/assessor

LANDLORD TENANT QUESTIONNAIRE

RETURN BY APRIL 1, 2024

Phone Number: _____

ASSMT#

If mailing address is incorrect, please enter
the correct address here:

FILL OUT INFORMATION AS OF JANUARY 1, 2024:

LIST ADDRESSES AND SUITE NUMBERS OF EACH RENTAL UNIT ON THIS PROPERTY	NAME AND MAILING ADDRESS OF TENANT ON JANUARY 1. IF VACANT, PLEASE STATE "VACANT"	PHONE NUMBER OF TENANT	NAME AND TYPE OF BUSINESS AT THIS LOCATION	CHECK BOX IF NEW TENANT
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Do you own any business personal property or equipment at this location <i>If YES is checked, a Business Property Statement must be filed with this office</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check "YES" or "NO." If these boxes are left blank, this affidavit will be returned to you as incomplete.
Do you own any fixtures at this location? <i>If YES is checked, a Business Property Statement must be filed with this office</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there any Real Property Improvements made to the property during 2023?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES is checked, please provide a detail listing including costs
DECLARATION BY ASSESSEE			
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE	
NAME OF ASSESSEE OR AUTHORIZED AGENT (TYPED OR PRINTED)		TITLE	
PREPARER'S NAME AND ADDRESS	EMAIL	PHONE NUMBER	