



TOM J. SLAVICH
San Benito County Assessor
1131 San Felipe Rd., Hollister, CA 95023
Tel: (831) 636-4030
Email: sbcassr@cosb.us
www.cosb.us/departments/assessor

VESSEL QUESTIONNAIRE

FOR ASSESSOR'S USE ONLY

Records in our office indicate you were the owner of the vessel identified above on lien date **01/01/2024 at 12:01 a.m.** If you have sold, disposed of, or moved this property outside San Benito County, please notify the Assessor's Office immediately by providing the supporting documentation. **NOTE:** By law, the sale, removal, or destruction of property after the lien date (12:01 a.m., January 1) **does not** relieve the owner of tax liability.

Instructions: Complete the section applicable to your vessel and return to our office no later than **April 1, 2024**

1. VESSEL STILL OWNED:

I am the owner of this vessel: Yes: _____ No: _____
Exact location of vessel, if different than above address label:

(Property Owner) (Street Address) (City) (State) (Zip)

2. VESSEL WAS SOLD:

To cancel the tax assessment in your name, it is necessary to provide the following required documentation, i.e. Bill of Sale, Sales Agreement, Final Closing Statement, DMV Release of Liability, Repossession Documents, etc.

Date of Sale: _____ Sale Price: _____
New Owner's Name: _____
Mailing Address: _____
(Street Address) (City) (State) (Zip)

3. VESSEL WAS WRECKED, DESTROYED, STOLEN, ABANDONED:

To cancel the tax assessment, it is necessary to provide the following supporting documentation: i.e. Coast Guard report, Police report, Insurance report, etc.

Date of Occurrence: _____

4. VESSEL PERMANENTLY REMOVED FROM SAN BENITO COUNTY:

Attach a copy of other county or state tax bill, out of state registration, Permanent Import Permit, etc.

Date of Move: _____
New Location: _____
(Marina/Slip No., and Street Address) (City) (State) (Zip)

5. REMARKS: _____

6. CERTIFICATION:

_____ DATE	_____ SIGNATURE (INVALID WITHOUT SIGNATURE)	_____ PRINTED NAME
_____ TELEPHONE NUMBER	_____ EMAIL ADDRESS	