

Email:	moperales@sanbenitocountyca.gov
	Telephone Number: (831) 636-4034

*LLA/MAS/MIS #:_____(OFFICE USE ONLY)

TAX CLEARANCE CERTIFICATE REQUEST

*indicates required field

CONTACT DEDCOM OD ACENT INFORMATION	
SECTION ONE: CONTACT PERSON OR AGENT INFORMATION	
*Requestor: *Date:	
*Mailing address: *Phone:	
*City, State, Zip: Email:	
SECTION TWO: TYPE OF REQUEST (PLEASE CHECK ONE OF THE FOLLOWING)	
* Major Subdivision: * Minor Subdivision:	
* Lot Line Adjustment:	
SECTION THREE: INFORMATION COLLECTED CHECKLIST	
* Tax Collector Fee \$30.00:	
* Notice of Decision City/County:	
* Tentative Map:	
RECEIVED DETAIL	
* Date Received:	
* Received By:	
* Paid By: * CASH: * CHECK:	
* Date To Assessor: * Reviewed By:	
* Returned Date:	

Please be advised that it takes approximately 15 business days to process your Tax Clearance or Conditional Tax Clearance request. Any questions or correspondence should be referred to propertytaxes@sanbenitocountyca.gov or (831) 636-4034.