PLACER COUNTY ASSESSOR'S OFFICE

Matthew R. Maynard, Assessor

2980 Richardson Drive • Auburn, CA 95603-2640
Telephone: (530) 889-4300 • Fax: (530) 889-4305
Website: www.placer.ca.gov/assessor • E-mail: assessor@placer.ca.gov

Important Notice - Boat And Aircraft Assessment Information

Name: _____ **Assessment:** _____

Mailing Address: _____ **ID Number:** _____

City ST Zip: _____ **Mfr & Year:** _____

Our records indicate that you are the owner of this craft and it is located in Placer County. If you have disposed of this craft or moved it out of the county or state prior to January 1, please notify the Assessor's Office using this form. If you have any questions, you may contact us at ASRBusiness@placer.ca.gov or call (530) 889-4300.

Please note that the sale, removal, or destruction of property after the lien date (January 1) does not relieve the owner on January 1 of the tax liability.

1. ☐ CRAFT WAS PERMANENTLY MOVED OUT OF PLACER COUNTY OR OUT OF STATE:

   In order to cancel the bill, you must attach a copy of other county's tax bill or out-of-state registration if moved prior to January 1. Date of Move: _____
   (Month) (Day) (Year)

   New location: _____
   (Marina / Slip Number, or Street Address) (City) (State)

   Last year's taxes were paid to County of / State of: _____

2. ☐ CRAFT WAS SOLD: Date of Sale: _____ Sale Price: $ _____
   (Month) (Day) (Year)

   New owner's name: _____

   Mailing address: _____ Zip _____

   COAST GUARD Documented: Attach copy of your bill of sale for verification

   CF# BOATS: Was the Department of Motor Vehicles Notified? ☐ YES ☐ NO

   (NOTE: BOAT SELLERS ARE REQUIRED TO NOTIFY DMV OF SALE WITHIN 5 DAYS OF SALE)

   AIRCRAFT: Was FAA notified? ☐ YES ☐ NO **Attach copy of your bill of sale for verification**

3. ☐ CRAFT WAS WRECKED, JUNKED, DESTROYED, OR ABANDONED. The owner must notify DMV/FAA within 15 days thereof. In order for us to cancel the tax assessment, return this form with a copy of the DMV documentation, insurance report, or police report.

PLEASE INDICATE ANY MAILING ADDRESS CHANGES OR OTHER REMARKS ON REVERSE SIDE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

_____ _____ _____
DATE NAME (PLEASE PRINT) SIGNATURE

_____ _____
EMAIL ADDRESS TELEPHONE NUMBER (8:00 am - 5:00 p.m.)

Please indicate any mailing address changes or other remarks below: