

LANDLORD TENANT QUESTIONNAIRE

As of 12:01 AM, January 1, 2019



Tom Slavich
 San Benito County Assessor
 440 Fifth St. Room 108
 Hollister, CA 95023
 831-636-4030
www.cosb.us/assessor

RETURN BY APRIL 1, 2019

Phone Number: _____

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

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

Do you own any business personal property or equipment at this location? Yes No Please check "Yes" or "No" if these boxes are left blank, this affidavit will be returned to you as incomplete.
 If YES is checked, a Business Property Statement must be filed with this office

Do you own any fixtures at this location? Yes No If YES is checked please provide a detail listing including costs
 If YES is checked, a Business Property Statement must be filed with this office

Were there any Real Property Improvements made to the property during 2018? Yes No

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 | PHONE NUMBER | EMAIL |