ASSESSOR OF BUTTE COUNTY 25 COUNTY CENTER DRIVE SUITE 100 OROVILLE, CA 95965

PHONE (530) 552-3800 FAX (530) 538-7991

Email: assessorsoffice@buttecounty.net

REQUEST FOR SEPARATE ASSESSMENT OF IMPROVEMENTS

RE: Assessor's Parcel Number:	
Property Location:	
•	pove-referenced parcel number, are not owned by the fee e of these improvements be assessed separately to the
Description of Improvements	
Year Built:	Number of Bedrooms:
Square Footage:	Number of Baths:
Additional Remarks:	
Please attach a sketch indicating the location of the parcel. This request will not be processed unless the s	* · · · · · · · · · · · · · · · · · · ·
Fee Parcel Owner Name (Please Print)	
Fee Parcel Owner Signature	Date
Daytime Phone Number:	
Improvement Owner Name (Please Print)	
Improvement Parcel Owner Signature	Date
Improvement Owner Mailing Address:	
Daytime Phone Number:	
	ate improvement value will be taxed on the Unsecured ared Roll are due in a single installment, delinquent if not

This application is not transferrable. In the event of a change in ownership, the separate improvement value will be recombined with the value on the fee parcel for property tax purposes.

paid by August 31.