EF-261-D-R02-0810-40000399-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBERS CIVIL RELIEF ACT DECLARATION

Pursuant to section 571(d) of the Servicemembers Civil Relief Act (50 U.S.C. Appendix), the personal property of a servicemember shall not be deemed to be located or present in, or to have a situs for taxation in, the tax jurisdiction in which the servicemember is serving in compliance with military orders.



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641 Email: Assessor@co.slo.ca.us

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Web Site: slocounty.ca.gov/assessor

| SERVICEMEMBER NAME | | | | | DA | DAYTIME TELEPHONE NUMBER | |
|--|--|--------------|-----|----------------------------------|-----|--------------------------|--|
| | | _ | | | (|) | |
| RANK | | ORGANIZATION | | SOCIAL SECURITY OR SERIAL NUMBER | E-N | MAIL ADDRESS | |
| MAILING A | ADDRESS | | | CITY | | STATE ZIP CODE | |
| | | | | | | | |
| LEGAL RE | ESIDENCE ADDRESS | | | CITY | | STATE ZIP CODE | |
| VOTER RI | EGISTRATION CITY | | | COUNTY | | STATE YEAR LAST VOTED | |
| LIST BELOW ANY PERSONAL PROPERTY OR MANUFACTURED HOME LOCATED IN CALIFORNIA. | | | | | | | |
| PERSONAL PROPERTY | | | | | | | |
| | PROPERTY | TYPE | | DESCRIPTION | | SERIAL/ID NUMBER | |
| | | | | | | | |
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| | | | | | | | |
| MANUFACTURED HOME | | | | | | | |
| | MANUFA | CTURER | YEA | R OF MANUFACTURE | | DECAL/SERIAL NUMBER | |
| | | | | | | | |
| | | | | | | | |
| INSTRUCTIONS: | | | | | | | |
| 1. List personal property by type, description, and serial number or ID number. | | | | | | | |
| 2. Er | 2. Enter the manufacturer, year of manufacture, and decal or serial number of a manufactured home. | | | | | | |
| 3. At | 3. Attach a copy of your current leave and earnings statement. | | | | | | |
| 4. Sign and date the declaration. If you are signing this document with Power of Attorney, attach a copy of the document through which you have been granted the Power of Attorney. | | | | | | | |
| 5. Ma | 5. Mail the original declaration with attachments to the Assessor's office at the address shown. | | | | | | |
| CERTIFICATION | | | | | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. | | | | | | | |
| SIGNATUR | RE OF DECLARANT | | | | | DATE | |
| | | | | | | | |