EF-261-D-R02-0810-01000375-1 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.



Phong La ALAMEDA COUNTY ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-6587 / FAX (510) 272-3803 www.acgov.org/assessor

| SERVICEMEMBER NAME | | | | DAYTIME | DAYTIME TELEPHONE NUMBER | |
|-------------------------|------------------------|--------------|---------------------------|--------------|--------------------------|--|
| | | | | (|) | |
| RANK | ORGANIZATION SOCIAL SE | | SECURITY OR SERIAL NUMBER | | E-MAIL ADDRESS | |
| | | | | | | |
| MAILING ADDRESS | | | CITY | | STATE ZIP CODE | |
| | | | | | | |
| LEGAL RESIDENCE ADDRESS | | | CITY | | STATE ZIP CODE | |
| | | | | | | |
| VOTER REGISTRATION CITY | | | COUNTY | | STATE YEAR LAST VOTED | |
| | | | | | | |
| • | | | _ | | | |
| LIST BELOW | ANY PERSONAL PRO | PERTY OR MAI | NUFACTURE | D HOME LOCAT | TED IN CALIFORNIA. | |
| | | | | | | |
| | | PERSONAL F | ROPERTY | | | |
| DDODEDTV | TVDE | DESCRI | OTION | | SEDIAL ID NUMBER | |

| PERSONAL PROPERTY | | | | | | | |
|-------------------|---|---------------------|--|--|--|--|--|
| PROPERTY TYPE | DESCRIPTION | SERIAL/ID NUMBER | | | | | |
| | 7////////////////////////////////////// | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| MANUFACTURED HOME | | | | | | | |
| MANUFACTURER | YEAR OF MANUFACTURE | DECAL/SERIAL NUMBER | | | | | |
| | | | | | | | |

INSTRUCTIONS:

- 1. List personal property by type, description, and serial number or ID number.
- 2. Enter the manufacturer, year of manufacture, and decal or serial number of a manufactured home.
- 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. 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. | | | | | |
| SIGNATURE OF DECLARANT | DATE | | | | |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

