EF-261-D-R02-0810-01000259-1 BOE-261-D (P1) REV. 02 (08-10)

SERVICEMEMBER NAME

## 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

DAYTIME TELEPHONE NUMBER

DATE

|                   |   |  |                                  |              | ( )             |                       |  |
|-------------------|---|--|----------------------------------|--------------|-----------------|-----------------------|--|
| RA                | K ORGANIZATION  |  | SOCIAL SECURITY OR SERIAL NUMBER |              | ER E-MAIL ADDRE | E-MAIL ADDRESS        |  |
| MA                | LING ADDRESS  |  |                                  | CITY         |                 | STATE ZIP CODE        |  |
|                   |   |  |                                  |              |                 |                       |  |
| LE                | SAL RESIDENCE ADDRESS   |  |                                  | CITY         |                 | STATE ZIP CODE        |  |
| VO                | TER REGISTRATION CITY   |  |                                  | COUNTY       |                 | STATE YEAR LAST VOTED |  |
|                   | LIST BELOW  | ANY PERSONAL PI  | ROPERTY OR MAI                   | NUFACTURED H | IOME LOCATED    | ) IN CALIFORNIA.      |  |
| PERSONAL PROPERTY |   |  |                                  |              |                 |                       |  |
|                   | PROPERTY  | TYPE   | DESCRI                           |              | SE              | RIAL/ID NUMBER        |  |
|                   |   |  |                                  |              |                 |                       |  |
|                   |   |  | 1 / V /                          |              |                 |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
| MANUFACTURED HOME |   |  |                                  |              |                 |                       |  |
|                   | MANUFA  | CTURER   | YEAR OF MAI                      | NUFACTURE    | DECAL/          | DECAL/SERIAL NUMBER   |  |
|                   |   |  |                                  |              | _               |                       |  |
|                   |   |  |                                  |              |                 |                       |  |
| IN                | STRUCTIONS:   |  |                                  |              | - <del>-</del>  |                       |  |
| 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 dec   | Mail the original declaration with attachments to the Assessor's office at the address shown.  |                                  |              |                 |                       |  |
| _                 |   |  | CERTIFIC                         | CATION       |                 |                       |  |

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