EF-261-D-R02-0810-04000322-1 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.



Alyssa Douglass Butte County Assessor

25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721 Fax (530) 538-7991

Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

DAYTIME TELEPHONE NUMBER

DATE

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.					
LEGAL RESIDENCE ADDRESS VOTER REGISTRATION 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 MANUFACTURED HOME MANUFACTURED HOME YEAR OF MANUFACTURE DECAL/SERIAL NUMBER INSTRUCTIONS: List personal property by type, description, and serial number or ID number. Enter the manufacturer, year of manufacture, and decal or serial number of a manufactured home. Attach a copy of your current leave and earnings statement. 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. Mail the original declaration with attachments to the Assessor's office at the address shown.	RANK	ORGANIZATION	SOCIAL SECURITY OR SERIAL NUMBER	E-MAIL ADDRESS	
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CERTIFICATION	5. Mail the or	riginal declaration with attachm	ents to the Assessor's office at the ad	ddress 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