Treasurer-Tax Collector Referral PJR-014

From: Treasurer		epartment Attn:
Property Owner Information		Project Site Information
Owner Name		Address(es)
Mailing Address		City/Town
City/Town	State/Zip	Assessor's Parcel Number(s)
Phone	Fax	Project Name (if applicable)
Signature	Date	_
Applicant Inform	ation	
Name		_
Mailing Address		_
City/Town	State/Zip	_
Phone	Fax	_
Signature	Date	_
be issued office prior	on the old parcel number. If you to November 30th to reques r's taxes and/or delinquent ta	et due and payable. Note: The regular secured tax bill will you would like the bill to be divided, you must contact ou t a formal or an information segretation. xes on these parcels have been paid. Date
Sonoma County Tax Collector		Date