

TRINITY COUNTY PARCEL MAP SECURITY ESTIMATE

(GOV. CODE §66493)

Fee: \$15.00 per parcel

Tax Collector's Certificate will be signed on final map upon payment in full of the total security due.

Attach map of proposed parcel map

TREASURER-TAX COLLECTOR'S OFFICE
COUNTY COURT HOUSE
P.O. Box 1297
101 Court Street
Weaverville, CA 96093-1297
(530) 623-1251

(This Box To Be Completed By Applicant)

Date:	
Parcel #:	
Assessee Name:	
Phone #:	

Current Tax Status

Secured Bill #	1st installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
	2nd installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
Suppl. Bill #	1st installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
	2nd installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
Suppl. Bill #	1st installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
	2nd installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
Suppl. Bill #	1st installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
	2nd installment: _____	Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid
SecAbs. Acct #:		Date Paid: _____	TXN: _____	<input type="checkbox"/>	Unpaid

Estimated Taxable Values

Regular Roll 200__ - 200__

Land	+
Improvements	+
Personal Property	+
Exemptions	-
Net Taxable Value	=
Estimated Tax Rate	x %
Estimated Ad Valorem	=
Estimated Special Assessments/Fees	+
Delinquent Solid Waste	+
Supplemental Estimate Due *	+
Supplemental Taxes-Current Roll	+
Secured Taxes for Current Year	+
Prior Year (Delinquent) Tax	+
TOTAL SECURITY DEPOSIT DUE=	

Tax Rate Area Code: _____

Supplemental Roll (IF ANY) 200__ - 200__

	EM:	EM:
New Base Value	+	
Existing Roll Value	+	
Value on Prior Supplemental Exemptions	-	
Net Supplemental Value	=	
Proration Factor	x %	
Estimated Ad Valorem	=	
Estimated Special Assessments/Fees	+	
Supplemental Estimate Due	=	
TOTAL SUPPLEMENTAL ESTIMATE DUE *		

Make your check payable to: Trinity County Tax Collector	Reviewed By: Assessor: _____ Auditor: _____
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Please note:

All security deposits will be applied to all installments on the 1st installment due date.
 This office will give written notice of balance due if parcel map security is not sufficient to pay the tax as shown on the regular assessment roll or the supplemental rolls.

\$15.00 processing fee:
 Date: _____ Ck: _____
 By: _____

Tax Payer:		Date Received:	
Address:		Amount:	
		Check # / Cash:	
		By: (Signature)	
Escrow #:		Title:	

Security applied on _____ to:	
<input type="checkbox"/> Secured Bill # _____ 1st installment <input type="checkbox"/> Secured Bill # _____ 1st & 2nd installment <input type="checkbox"/> Supplemental Bill # _____ 1st & 2nd installment <input type="checkbox"/> Supplemental Bill # _____ 1st & 2nd installment <input type="checkbox"/> Supplemental Bill # _____ 1st & 2nd installment	<input type="checkbox"/> Deposit insufficient to apply, remains in trust #0620 <input type="checkbox"/> \$ _____ returned to trust #0620 <input type="checkbox"/> Letter regarding shortage sent to assessee on _____ <input type="checkbox"/> \$ _____ refund to taxpayer - claim submitted <input type="checkbox"/> Letter regarding refund sent to taxpayer on _____