



RIVERSIDE COUNTY TREASURER-TAX COLLECTOR
4080 LEMON STREET, 4th FLOOR / P.O. BOX 12005
ATTN: MAP DESK
RIVERSIDE, CA 92502
PHONE: 951-955-3929 / FAX: 951-955-9680
EMAIL: mapdesk@rivcottc.org

DATE RECEIVED: _____
RECEIVED BY: _____

CASH TAX BOND INQUIRY

(FOR USE BETWEEN JANUARY 1, 2017 THROUGH SEPTEMBER 30, 2017)

The following information is required by the Treasurer-Tax Collector's office when posting a Cashier's Check for the Bond Estimate.

Tract Map #: _____

Parcel Map #: _____

Name and Address of the person and / or company posting the Cashier's Check for the Bond Estimate:

Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Amount of Cashier's Check Posted: \$ _____

IF THE TAXES ON THE ABOVE REFERENCED MAP ARE ALLOWED TO BECOME DELINQUENT, AND THIS CASH BOND IS NOT SUFFICIENT TO COVER THE DELINQUENT TAXES, THE BOND ISSUER AGREES TO PAY THE ADDITIONAL AMOUNT REQUIRED TO CURE THE DELINQUENCY. THEREFORE, BY SIGNING THIS FORM, YOU ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL TAXES, AND SPECIAL ASSESSMENTS COLLECTED AS TAXES, WHICH AT THE TIME OF THE FILING OF THE MAP ARE A LIEN AGAINST THE PROPERTY, BUT NOT YET PAYABLE. PLEASE INFORM THE SUBDIVISION MAP DESK AT 951-955-3929 OF ANY CHANGES.

SIGNATURE OF BOND ISSUER

DATE

TREASURER-TAX COLLECTOR'S USE ONLY

CASH TAX BOND COLLECTED

RECEIPT #: _____
BOND AMOUNT: _____
DATE PROCESSED: _____
PROCESSED BY: _____

CASH TAX BOND APPLIED

REFUND #: _____
REFUND AMOUNT: _____
DATE PROCESSED: _____
PROCESSED BY: _____