



# COUNTY OF SANTA CRUZ

**SHERI THOMAS - ASSESSOR**

BUSINESS PROPERTY DIVISION

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## Business Property Account Update

**Instructions:** Complete and return this form to the Office of the Assessor to report **changes** to your business. All sections must be completed.

### Account Information

Owner's Name: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Situs Address: \_\_\_\_\_

Assessor's Account Number(s): \_\_\_\_\_

### Update Information

Please check the appropriate box(es) below and provide the previous and new business information.

**Business Name (DBA) Change** Effective Date: \_\_\_\_\_

Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

**Business Location Change** Effective Date: \_\_\_\_\_

Previous Location: \_\_\_\_\_

New Location: \_\_\_\_\_

**Mailing Address Change**  same as above Effective Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

### Contact Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.**



Authorized Signature

Printed Name

Date Signed