

# County of Santa Clara

Office of the Board of Supervisors



County Government Center, East Wing  
70 West Hedding Street, 10<sup>th</sup> Floor  
San Jose, CA 95110  
(408) 299-4321 FAX (408) 938-4525

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**RECORDING OF MAPS**  
**SECURITY COVERING SECURED PROPERTY TAXES AND SPECIAL ASSESSMENTS TO BE FILED WITH THE**  
**CLERK OF THE BOARD OF SUPERVISORS**

The following information must be completed:

1. APN# \_\_\_\_\_  
\_\_\_\_\_

2. SECURITY FOR FISCAL YEAR: \_\_\_\_\_

3. TRACT NUMBER (if applicable) \_\_\_\_\_

4. CHECK ONE BOX ONLY

- I am submitting a Cashier's Check.

I authorize that these funds be forwarded to the Tax Collector to satisfy the fiscal year tax obligation.  
Excess funds will be refunded within 60 days from the date that these funds are applied to the tax bill(s).

- I am submitting a Cashier's Check to be held in trust.  
 I am submitting Certificate of Deposit.  
 I am submitting a Passbook Account  
 I am submitting a Letter of Credit  
 I am submitting a Surety Bond. The following **must** be completed:
- Name of Insurance Company \_\_\_\_\_
  - Address of Insurance Company \_\_\_\_\_  
\_\_\_\_\_
  - Telephone Number of Insurance Company \_\_\_\_\_

I understand that if the secured taxes are allowed to become delinquent, the above named security will be used to satisfy the fiscal year tax obligation. A written request must be submitted to the Clerk of The Board in order to obtain release of this security.

5. PLEASE PRINT THE NAME AND ADDRESS OF THE GUARANTOR POSTING SECURITY:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

6. SIGNATURE OF GUARANTOR POSTING SECURITY \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_