

County of Santa Clara
Office of the Board of Supervisors



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

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 GUARNTOR POSTING SECURITY:

Name _____

Address _____

6. SIGNATURE OF GUARANTOR POSTING SECURITY _____

Telephone Number _____ Date _____