

ROBERT MENVIELLE IMPERIAL COUNTY ASSESSOR

BUSINESS DIVISION Telephone (442) 265-8805 Fax (442) 265-8030 940 W. Main Street Suite 115 El Centro CA 92243 E-mail Address: BusinessProperty@co.imperial.ca.us Websites: https://assessor.imperialcounty.org/

Mail Address:

PERSONAL PROPERTY STATEMENT OF CHANGE FORM

(PLEASE PRINT)

Owner Name (as shown on tax bill):		
Assessment No	Fee Parcel:	
Fill out the section(s) below if applicable .		
Please note that if you moved, sold, or closed you	ur business after the lien date of January 1, you	are still required to complete form 571-L.
TO UPDATE YOUR CURRENT INFORMAT	<u>TION</u>	
Contact Name:		
Contact Title:		
Phone Number: E-Mail:		
DBA:		
New Mailing Address:		
New Site Address:		
CHANGE IN PROPERTY STATUS (SOLD/M	IOVED/CLOSED)	
SOLD: □Business □Aircraft □Vessel □Oth	ner Personal Property	
Date of Sale:		
Selling Price:		
D.B.A:		
New Owner's Name:		
New Owner's Mailing Address:		
MOVED: ☐ Business ☐ Aircraft ☐ Vessel		
Date Moved: New Site Address:		
New Mailing Address:		
PERMANENTLY CLOSED BUSINESS:		
Date Closed: Disposition of assets: □ Sold □ Abando	oned Junked Other:	
NEW BUSINESS (BOE 571-L property statem	ent filing is required)	
Starting Date:		
Owner Name(s):		
D.B.A:		
In Care of (if applicable):		
Mailing Address:		
E-Mail address: Site Address:		
Type of Business: □Retail □Wholesale □Manu		
Business Activity:		
Name (printed):	Signature	Date
Tel.	e-mail:	