

**ASSESSOR'S OFFICE**

**SAN BERNARDINO COUNTY**

**HOMEOWNERS' EXEMPTION CANCELLATION CARD**

If you had a Homeowners' Exemption on the parcel identified below, complete and return this card if one of the following statements are true.

*(Check all that apply.)*

- I rented out/moved from my **home** on \_\_\_\_\_.
- My **home** will not be occupied on January 1, \_\_\_\_\_.
- I claimed Renter's Credit on my mobile home. Remove Homeowners' Exemption.

If one of the above statements is true, failure to notify the Assessor may subject you to additional taxes, penalties and interest.

Parcel # 

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Property Address:

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*Street* *City* *Zip Code*

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*Printed Name of Homeowner(s)* *Phone Number: Home* *Work*

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*Signature* *Date*

**NOTE:** This is not a Change of Address Request, nor is it a Homeowners' Exemption Claim Card. If you have questions about homeowners' eligibility, call (909) 387-8307 or 1-877-885-7654.

**- MUST BE FILED BY DECEMBER 10 TO AVOID PENALTY-**

AOS 009 Rev. (01-25)



**PLACE  
STAMP  
HERE**

**SAN BERNARDINO COUNTY**  
**JOSIE GONZALES, ASSESSOR-RECORDER-COUNTY CLERK**  
**ASSESSOR'S OFFICE**  
 222 W. HOSPITALITY LANE, 4TH Floor  
 SAN BERNARDINO, CA 92415-0311