



Request for Business Account Closure

Instructions: Complete and return this form to the Office of the Assessor-Recorder to request closure of an existing business personal property account. If you are closing your business, please note that you must also notify the Office of the Treasurer and Tax Collector of your business closure.

Business Information

Assessor's Account Number(s): _____ Today's Date: _____

Owner's Legal Name: _____
(Corporations must report their full corporate name.)

Mailing Address: _____

Business Name (DBA): _____

Business Account Number (BAN): _____
(From your business certificate provided by the Office of the Treasurer & Tax Collector)

Business Account Closure Information

Please check the appropriate box below and provide all requested information.

Sale of Business (to another party) **Effective Date:** _____

Buyer's Legal Name: _____

Check One: Sole Proprietorship Partnership Corporation Other: _____

Buyer's Mailing Address: _____

Buyer's Business Name (DBA): _____

Closure of Business (business closed; did not relocate, was not sold) **Effective Date:** _____

Lease Termination Date: _____ Name of Sub-tenant, if any: _____

Closure of Account (business moved out of San Francisco County) **Effective Date:** _____

New Location (including Zip Code): _____

Lease Termination Date: _____ Name of Sub-tenant, if any: _____

Duplicate Account

Primary Account Number: _____ Duplicate Account Number: _____

Contact Information

Contact Name: _____ Title: _____

Phone Number: _____ Email Address: _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA 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.

Owner/Officer Signature

Printed Name

Date Signed