



## 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