 **County of Lassen**

Office of Assessor

NICK CEAGLIO, *Assessor*

Lassen County Courthouse

107 S. Roop St

Susanville, CA 96130

 assessorsoffice@co.lassen.ca.us

 PHONE (530) 251-8241

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Lassen County Service Area #1 Claim for Exemption

APN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I do not use reception from the CSA #1 transformer, therefore, I am exempt from the annual fee. I have not used this reception since January 1 or prior. I also understand that this exemption is only good for five years. *I also understand that it is my responsibility to contact the Assessor’s office if I decide to use the signal.*

Reason:

\_\_\_\_\_\_\_\_ “No television contained in the user-unit”

\_\_\_\_\_\_\_\_ “Television sets contained in the user-unit(s)

 do not utilize the extended services”

I certify (or declare) 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 behalf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of property owner Date