COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR

REQUEST FOR LEASE SEGREGATION

ASSESSOR'S IDENTIFICATION NUMBER

20_____

LEASED PROPERTY

OWNER'S NAME

MAILING ADDRESS FOR TAX PURPOSES

LESSEE'S NAME

SITUS ADDRESS

☐ NEW LEASE ☐ EXISTING LEASE UNEXPIRED NUMBER OF YEARS_____

TERM OF LEASE	STARTING DATE	EXPIRATION DATE
EFFECTIVE DATE	USE OF BUILDING	
RECORDING DATE	DOCUMENT NO.	BOOK NO. / PAGE NO.

☐ RECORDED LEASE SUBMITTED ☐ RECORDED MEMO OF LEASE SUBMITTED

☐ OWNER'S CONSENT ☐ CORRESPONDENCE ATTACHED

PROPERTY DESCRIPTION

ASSESS REMAINDER TO

NAME

ADDRESS

CHANGE REQUESTED BY

☐ LESSEE ☐ LESSOR _____

ADDRESS	PHONE NO.
DEPUTY	DATE
APPROVED *(Chief, Ownership Exemption-Mapping Division)*	DATE
APPROVED *(Chief, Real Estate Division)*	DATE
FORMULATOR	DATE

PLEASE NOTE:

Return this form with a copy of **recorded lease** to:

LOS ANGELES COUNTY ASSESSOR
500 WEST TEMPLE STREET
ROOM 301
LOS ANGELES, CALIFORNIA 90012

ATTN: LEASE SEGREGATION DESK

Upon expiration of the subject lease, adjacent properties in the same owner's name will be combined. Application for continued segregation should be directed to the Assessor at that time.