



DIANE BROWN, BUTTE COUNTY ASSESSOR
25 COUNTY CENTER DRIVE, SUITE 100
OROVILLE CA 95965-3382
Telephone (530) 552-3800 Fax (530) 538-7991

FORM NO
INF-21

Owner Name: _____ Employee Attn: _____
[] Owner will pick up requested records from Assessor's office [] Delivery by Inter-County mail
[] Owner waiting, email scanned copies. Email(s) _____
(Please note that this request does not guarantee that the Assessor's office has staff immediately available)

REQUEST FOR PUBLIC RECORDS

This request will allow access only to the public information portion of my record in the Butte County Assessor's office for Butte County Development Services.

- [] Please provide a REQUEST FOR PROPERTY CHARACTERISTICS INFORMATION on Assessor's Parcel Number(s) _____
[] Please provide public information related to the property characteristics for improvements I would identify as _____
[] I am specifically looking for permit information that may be available in the Assessor's records on improvements I would identify as _____

Signature _____ Printed Name _____ Date _____

RELEASE OF CONFIDENTIAL RECORDS

IMPORTANT
I understand that by signing to release the identified confidential records from the Butte County Assessor that I am doing so without review of the confidential records prior to submittal to Butte County Development Services. Development Services will be receiving all of the identified records during the review of the permit process and the information provided may result in supporting documentation for additional fees and permits as required.
Additionally, I understand that copies of these records are available to me if I personally contact the Assessor's Office, and I would then have the ability to provide all pertinent confidential records to Development Services at my own discretion. These records are available to a property owner for \$5.00 per page from the Assessor's Office.

- [] Please provide a copy of the confidential building record on Assessor's Parcel Number(s) _____
[] Please provide a copy of available sketches as related to the improvements I would identify as _____

Signature _____ Printed Name _____ Date _____