



Shari L. Freidenrich, CPA
 Orange County Treasurer - Tax Collector
 P.O. BOX 1438 • Santa Ana, CA 92702-1438
 625 N. Ross Street, Building 11, Room G58, Santa Ana
 Office Hours: 8:00 AM-5:00 PM Monday - Friday
 Phone Hours: 9:00 AM-5:00 PM (714) 834-3411
ocgov.com/octaxbill

2017-18 SECURED PROPERTY TAX BILL

For Fiscal Year Beginning July 1, 2017 and Ending June 30, 2018

0039166-0039166 STMT----- 648969 OCT013
 #BWNLBHV *****AUTO**SCH 5-DIGIT 92620
 #5290 5705 2017 2#



ZHANG, TAO
 9 CALABRIA
 IRVINE CA 92620-2512



OWNER OF RECORD AS OF 12:01 AM, JANUARY 1, 2017

PATRICK, MADONNA J TR

DID YOU KNOW?

Don't wait in line, pay online at ocgov.com/octaxbill, receive same day credit and an emailed receipt. There is no cost to pay by eCheck! Also, due to construction, parking at the Civic Center is not close to our office.

Mailed payments must have a USPS postmark on or before the delinquent date. If you wait until the last day to mail your payment, get your envelope hand-stamped with a postmark to ensure it is timely.

Sign up to receive a due date reminder email at ocgov.com/taxreminder.

PROPERTY LOCATION

9 CALABRIA IRVINE

ASSESSED VALUES & EXEMPTIONS AS OF JANUARY 1, 2017

DESCRIPTION	FULL VALUE	COMPUTED
LAND	96,012	TAX
IMPROVEMENTS - BUILDING	124,447	
TOTAL VALUES:	220,459	2,479.62
TOTAL NET TAXABLE VALUE:	220,459	2,479.62

PARCEL NO. (APN)

529-057-05

TAX RATE AREA

26-135

1st Installment DUE 11/1/17

\$1,239.81

+

2nd Installment DUE 2/1/18

\$1,239.81

=

TO PAY BOTH INSTALLMENTS BY 12/11/17

\$2,479.62

IMPORTANT INFORMATION

If you sold this property or no longer own it, you can disregard this bill. Property taxes are the responsibility of the new owner. Contact the Office of the Assessor at (714) 834-2727 regarding ownership changes.

VOTER APPROVED TAXES AND SPECIAL ASSESSMENTS

SERVICE AGENCY	RATE	VALUE	TAXES
BASIC LEVY RATE	1.00000	220,459	2,204.59
IRVINE UNIF SFID #1, 2016, SR 2016A	.02714	220,459	59.83
METRO WATER D-MWDOC	.00350	220,459	7.71
TAX ON LAND ONLY			
IRVINE RANCH WATER DIST	.02800	96,012	26.88
SPECIAL ASSESSMENT CHARGES			
MOSQ,FIRE ANT ASSMT		PHONE NO.	
VECTOR CONTROL CHG		(800)273-5167	6.72
MWD WATER STDBY CHG		(800)273-5167	1.92
IRVINE USD-ASMT		(866)807-6864	10.08
LNDSCP & LTG #1		(866)807-6864	61.09
		(866)807-6864	100.80
TOTAL CHARGED	1.05864		2,479.62

FOR DETAILS OF TAX TYPES, VISIT OUR WEBSITE AT OCGOV.COM/OCTAXBILL

THERE WILL BE A \$26.00 FEE FOR EACH PAYMENT RETURNED UNPAID BY YOUR BANK FOR ANY REASON
 RETAIN TOP PORTION FOR YOUR RECORDS - IF PAYING BY CHECK, YOUR CANCELLED CHECK IS YOUR RECEIPT OR PAY ONLINE AND RECEIVE AN EMAILED RECEIPT

Civic Center Plaza, Building 11
625 N. Ross Street
P.O. Box 628
Santa Ana, CA 92702-0628



ESTABLISHED 1889
OFFICE OF THE ASSESSOR

CLAUDE PARRISH
COUNTY ASSESSOR

Telephone: (714) 834-3821
FAX: (714) 834-2565
www.ocgov.com/assessor

You May Be Overpaying Your Property Taxes

Dear Property Owner:

Are you eligible for a Homeowners' Exemption?

The enclosed Homeowners' Exemption Claim Form is being mailed to you because you recorded a change in title or you added or removed a name on the property described on the enclosed claim form.

If you had an exemption for the described property, **it has been terminated** because of this new recorded document.

Please read the instructions carefully. If you qualify for the Homeowners' Exemption, please complete and return the claim form to the Assessor in the enclosed envelope.

The Homeowners' Exemption will reduce the taxable valuation of your property and can save you money.

- **There is no fee for filing.**
- This notice is a confidential, official government document protecting your Social Security Number.

If you have questions or need help completing the form, please call (714) 834-3821 for assistance.

Sincerely,

CLAUDE PARRISH
Orange County Assessor

Enclosure



CLAUDE PARRISH
ORANGE COUNTY ASSESSOR

CIVIC CENTER PLAZA, BUILDING 11
625 N. ROSS STREET, ROOM 142
P.O.BOX 628
SANTA ANA, CA 92702-0628
PHONE: (714) 834-3821
FAX: (714) 834-2565
www.ocgov.com/assessor

CLAIM FOR HOMEOWNERS' PROPERTY TAX EXEMPTION

*If eligible, sign and file this form with the Assessor on or before February 15 or **on or before the 30th day following the date of notice of supplemental assessment**, whichever comes first.*

SEE INSTRUCTIONS BEFORE COMPLETING

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

529-057-05
ZHANG, TAO
9 CALABRIA
IRVINE, CA 92620

FOR ASSESSOR'S USE ONLY	
Received _____	
Approved _____	
Denied _____	
Reason for denial _____	
R-170078218	SM
8/24/2017	

PROPERTY DESCRIPTION

Parcel No. **529-057-05**

Address of dwelling

9 CALABRIA

IRVINE

TR 11545

BLK

LOT 116

UN

Print your social security number and name here

SSN: _____ - _____ - _____

NAME:

Print co-owner's or spouse's social security number and name when this property is also his/her principal residence _____

SSN: _____ - _____ - _____

NAME:

STATEMENTS

This claim may be used to file for the Homeowners' Exemption for the Assessment Roll and the Supplemental Assessment Roll. A new owner must file a claim even if the property is already receiving the homeowners' exemption. Please carefully read the information and instructions before answering the questions listed below.

1. When did you acquire this property? _____
(month/day/year)
2. Date you occupied this property as your principal residence (see instructions): _____
(month/day/year)
3. Do you own another property that is, or was, your principal place of residence in California? ☐ YES ☐ NO

If YES, please provide the address below, and the date you moved out, if no longer your principal place of residence:

Address: _____
 Street address *City* *Zip Code* *month/day/year*

Only the owners or their spouses who occupy the above-described property (including a purchaser under contract of sale) or his or her legal representative may sign this claim. (If the property comprises more than one dwelling unit, other co-owner occupants may wish to file separate claims; however, only one exemption will be allowed per dwelling unit.)

If you are buying this property under an unrecorded contract of sale and the Assessor does not have a copy of the contract, you must attach a copy to this claim.

CERTIFICATION

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 belief.

SIGNATURE OF OWNER-OCCUPANT ▶	DATE
SIGNATURE OF OCCUPANT'S SPOUSE OR CO-OWNER-OCCUPANT ▶	DATE
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()

IF YOU DO NOT OCCUPY THIS PARCEL AS YOUR PRINCIPAL RESIDENCE, PLEASE DISCARD THIS FORM.
If you occupy this parcel at a later date, contact the Assessor at that time.
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

