



PIMS Inquiry Service Application

Requestor	Billing Information
Name of Person Requesting Service	Name of Person Responsible for Payment
Department/Agency/Company	Department/Agency/Company
Address	Address
City, State Zip Code	City, State Zip Code
Telephone Number – Ext.	Telephone Number – Ext.
E-mail Address (required)	E-Mail Address

Fees (Established Fees are located in Section 16.023 of the San Bernardino County Code)

Usage Rate: \$0.25 per hit billed quarterly. A “hit” is defined as a click of the mouse that results in the display of different data and/or a screen change.

Remit completed application form to:

COUNTY OF SAN BERNARDINO
 Assessor's Office
 Attn: PIMS/Logon Requests
 172 West Third Street, 5th Floor
 San Bernardino, CA 92415-0310

Cancellation Policy:

To cancel service, send a written request to the address above and allow 15 days for processing.

Disclaimer: Data provided by the County of San Bernardino Assessor's Office is maintained for internal use only in the determination of property value for the purpose of taxation. While the office strives to maintain the accuracy of the content of its data files, it makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents of the files. The County of San Bernardino assumes no responsibility arising from use of this information. No warranty of any kind, expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for particular purposes is made. It is the responsibility of the recipient of this data to determine that the level of accuracy meets the needs of their application prior to making any judgments or decisions based on this information.

I have read and understand the above terms and conditions and agree to remit payment for services rendered upon receipt of billing for same.

Signature: _____ Date: _____

Official Use Only	Date Received: _____	Data Systems Notes: _____
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