EF-305-A-R02-0809-41000079-1 BOE-305-A (P1) REV. 02 (08-09)

## **INFORMAL ASSESSMENT REVIEW**

NOTE: To be completed and filed with the assessor's office by March 15.



## MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903

email: assessor@smcacre.gov web: www.smcacre.gov

## **IMPORTANT**

|  | APPLICANT AND   | PROPERTY     | INFORMATION                                   |                    |                               |
|--|---|--------------|---|--------------------|-------------------------------|
| ME (LAST, FIRST, MIDDLE INITIAL)                     |   |              | ASSESSOR'S PARCE                              | L NUMBER           |                               |
| ILING ADDRESS  |   |              | E-MAIL ADDRESS                                |                    |                               |
| Y  | STATE ZIP CODE  | DAYTIME TE   | ELEPHONE ALTER                                | RNATE TELEPHONE    | FAX TELEPHONE                 |
| UR OPINION OF VALUE AS OF JANUA<br>UR PURCHASE PRICE | SAA   | DATE         | RENT TAX BILL ASSESSME<br>OF PURCHASE (MONTH, | DAY, YEAR)         |                               |
|  | COMPARABLE M  | _            |   |                    | DESCRIPTION                   |
| SALE   | ADDRESS   | SALE DATE    | PRICE   | (if additional spa | ce is needed, use back of for |
| 1  |   |              | <b>/</b>                                      |                    |                               |
| 2  |   | S            | E   | 7                  |                               |
| 3  |   |              |   |                    |                               |
|  | CI  | ERTIFICATION | N   | •                  |                               |
| I certify (or declare) that the                      | foregoing and all information he<br>and complete to the |              |   | tatements or docu  | ıments, is true, correct      |
| NER SIGNATURE  |   | OW           | NER NAME                                      |                    |                               |
| ENT SIGNATURE (IF APPLICABLE)                        |   | AGI          | ENT NAME (IF APPLICABLI                       | Ε1                 |                               |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **INSTRUCTIONS**

Than [September 15/November 30] if: (1) you are unable to meet the March 15 filing deadline for this form; (2) you receive the assessor's response to your request for an assessment review before September 1 but disagree with the assessor's value; or (3) you do not receive the assessor's response to your request for an assessment review by September 1. If the board of supervisors in the county in which the real property is located has adopted a resolution in accordance with section 1603 of the Revenue and Taxation Code and if you receive the assessor's value conclusion resulting from your request for an assessment review after September 1, then the deadline for filing the Application for Changed Assessment will be either 60 days after the mailing of the response by the assessor or by December 31 of the year in which the application for Informal Assessment Review is filed, whichever is earlier. You should check with the clerk of the board of supervisors to determine if a section 1603 resolution has been adopted. The normal assessment appeals filing period is from JULY 2 through [SEPTEMBER 15/NOVEMBER 30]. You may request an Application for Changed Assessment after July 2 by calling the clerk of the board of supervisors at

