EF-305-A-R02-0809-44000175-1 BOE-305-A (P1) REV. 02 (08-09)

INFORMAL ASSESSMENT REVIEW

701 Ocean Street, Rm. 130 Santa Cruz, CA 95060

Phone: 831-454-2002

Sheri Thomas

Email: asrwebmail@co.santa-cruz.ca.us

County of Santa Cruz Assessor

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

IMPORTANT

		APPLICANT AND P	ROPERTY	INFORMA	TION	A
NAME (LAST, F	FIRST, MIDDLE INITIAL)			ASSESSOR	R'S PARCEL NUMBER	
MAILING ADDRESS		E-MAIL ADDRESS				
CITY		STATE ZIP CODE	DAYTIME T	ELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
YOUR OPINION OF VALUE AS OF JANUARY 1		1	CURRENT TAX BILL A		SSESSMENT	
YOUR PURCH	ASE PRICE	COMPARABLE MAR	4 4 4		(MONTH, DAY, YEAR) ATION	
SALE	ADDR	ESS	SALE DATE	PR	CE (if additional spa	DESCRIPTION ace is needed, use back of form)
1						
2			S		- /	
3						
			TIFICATIO		<u> </u>	
I certify	(or declare) that the foregoing	g and all information hereor and complete to the be	n, including a est of my kno	any accompa wledge and l	nying statements or docu belief.	uments, is true, correct
OWNER SIGNATURE				OWNER NAME		
AGENT SIGNATURE (IF APPLICABLE)				AGENT NAME (IF APPLICABLE)		
AGENT COMPANY NAME (IF APPLICABLE)				AGENT E-MAIL ADDRESS (IF APPLICABLE)		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

INSTRUCTIONS

To protect your rights, you should file an Application for Changed Assessment with the clerk of the county board **NO LATER 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

