EF-305-A-R02-0809-44000096-1 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.



## **Sheri Thomas County of Santa Cruz Assessor**

701 Ocean Street, Rm. 130 Santa Cruz, CA 95060 Phone: 831-454-2002

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

## **IMPORTANT**

You	should keep a copy of t Assessment by [Septe	this form for your reco ember 15/November 30					
		APPLICANT AND P	ROPERT	Y INFORMA	TION	<u> </u>	
NAME (LAST, FIRST, MIDDLE INITIAL)				ASSESSOR'S PARCEL NUMBER			
MAILING ADDR	RESS			E-MAIL ADD	PRESS		
CITY		STATE ZIP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE FAX TELEPHONE		
YOUR OPINION	N OF VALUE AS OF JANUARY 1	$\Lambda$	CL	IRRENT TAX BILL AS	SESSMENT		
YOUR PURCHA	ASE PRICE	COMPARABLE MAR			(MONTH, DAY, YEAR)		
SALE	ADD	RESS	SALE DATE	PRI	(if additional sp	DESCRIPTION ace is needed, use back of form) <sup>1</sup>	
1				<b>V</b> (			
2			S				
3							
		CER	TIFICATION	ON	•		
I certify	(or declare) that the foregoin	ng and all information hereor and complete to the be				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

