EF-305-A-R02-0809-45000217-1 BOE-305-A (P1) REV. 02 (08-09)

## **INFORMAL ASSESSMENT REVIEW**

STATE OF THE STATE

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3600

**LESLIE MORGAN** 

Tel: (530) 225-3600 Intra\_County toll free: 1(800)479-8009

ASSESSOR-RECORDER

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

## **IMPORTANT**

You	should keep a copy of th Assessment by [Septer						
		APPLICANT AND P	ROPERT	/ INFORMA	ATION		
NAME (LAST, F	FIRST, MIDDLE INITIAL)	$\rightarrow I \land$		ASSESSOR	R'S PARCEL NUMBER		
MAILING ADDR	RESS			E-MAIL ADI	DRESS		
CITY		STATE ZIP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE	
YOUR OPINION	N OF VALUE AS OF JANUARY 1	$\Lambda$	CUF	RENT TAX BILL A	SSESSMENT		
YOUR PURCH	ASE PRICE	COMPARABLE MAR			(MONTH, DAY, YEAR)  ATION		
SALE	ADDRES	SS	SALE DATE	PR	(if additional sp	DESCRIPTION ace is needed, use back of form) <sup>1</sup>	
1				<b>V</b> (			
2			S	E	- /		
3							
		CER	TIFICATIO	N			
I certify	(or declare) that the foregoing	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

