EF-305-A-R02-0809-03000407-1 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.



## James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

## **IMPORTANT**

Yous	should keep a copy of the Assessment by [Septe					
		APPLICANT AND P	ROPER	TY INFORMA	TION	<u> </u>
NAME (LAST, F	FIRST, MIDDLE INITIAL)			ASSESSOF	'S PARCEL NUMBER	
MAILING ADDRESS			E-MAIL ADDRESS			
CITY		STATE ZIP CODE	DAYTIM	E TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
YOUR OPINION OF VALUE AS OF JANUARY 1 YOUR PURCHASE PRICE		$\Lambda$		URRENT TAX BILL A	SSESSMENT (MONTH, DAY, YEAR)	
	ASEFINE	COMPARABLE MAR				
SALE	ADDR	ESS	SALE DAT	E PRI	CE (if additional sp	DESCRIPTION ace is needed, use back of form) <sup>1</sup>
1				V		
2			S		7	
3						
		CER	TIFICATI	ON		
I certify	(or declare) that the foregoing	g and all information hereo 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

