EF-305-A-R02-0809-20000128-1 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.



## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

## **IMPORTANT**

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



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## **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

