EF-305-A-R02-0809-29000227-1 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.



## Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

## **IMPORTANT**

|                                     | AI I LIVANI AND                                        | PROPERT    | Y INFORMAT                 | ON                  |                                             |
|-------------------------------------|--------------------------------------------------------|------------|----------------------------|---------------------|---------------------------------------------|
| ME (LAST, FIRST, MIDDLE INITIAL)    | H                                                      |            | ASSESSOR'S                 | PARCEL NUMBER       |                                             |
| LING ADDRESS                        |                                                        |            | E-MAIL ADDRE               | ESS                 |                                             |
| <u> </u>                            | STATE ZIP CODE                                         | DAYTIME    | TELEPHONE                  | ALTERNATE TELEPHONE | FAX TELEPHONE                               |
| JR OPINION OF VALUE AS OF JANUARY 1 |                                                        | CUI        | RRENT TAX BILL ASSI        | SSMENT              |                                             |
| UR PURCHASE PRICE                   | COMPARABLE MA                                          |            | E OF PURCHASE (M           |                     |                                             |
| SALE                                | ADDRESS                                                | SALE DATE  | PRICE                      |                     | DESCRIPTION ace is needed, use back of form |
| 1                                   |                                                        |            | VC                         | <b>기</b>            |                                             |
| 2                                   |                                                        | S          | F                          | 7                   |                                             |
| 3                                   |                                                        |            |                            |                     |                                             |
| •                                   | CEI                                                    | RTIFICATIO | )N                         | ·                   |                                             |
| I certify (or declare) that the for | egoing and all information here<br>and complete to the |            |                            |                     | uments, is true, correct                    |
| WNER SIGNATURE                      |                                                        |            | OWNER NAME                 |                     |                                             |
| GENT SIGNATURE (IF APPLICABLE)      |                                                        |            | AGENT NAME (IF APPLICABLE) |                     |                                             |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **INSTRUCTIONS**

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

