EF-305-A-R02-0809-35000052-1 BOE-305-A (P1) REV. 02 (08-09)

assessor's office by March 15.

INFORMAL ASSESSMENT REVIEW

NOTE: To be completed and filed with the

440 Fifth St. Rm. 108 Hollister, CA 95023-3893

Tel: 831-636-4030 Fax: 831-636-4033

Tom J. Slavich

www.cosb.us/government/assessor

San Benito County Assessor

IMPODTANT

	Assessment by [Septemb					Doon 10301464.
	A	APPLICANT AND F	PROPERT	Y INFORMA	TION	
NAME (LAST, F	FIRST, MIDDLE INITIAL)	$H \cap$		ASSESSOF	S PARCEL NUMBER	
MAILING ADDR	RESS			E-MAIL ADD	DRESS	
CITY		STATE ZIP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHO	ONE FAX TELEPHONE
OUR OPINION	N OF VALUE AS OF JANUARY 1	Λ	Cu	JRRENT TAX BILL A	SSESSMENT	
OUR PURCHA	ASE PRICE		DA	ATE OF PURCHASE	(MONTH, DAY, YEAR)	_ /
	C	OMPARABLE MA	RKET DA	TA INFORM	ATION	
SALE	ADDRESS		SALE DATE	E PRI	CE (if addition	DESCRIPTION onal space is needed, use back of form)
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2		U.	S			
3						
			RTIFICATION		•	
I certify	(or declare) that the foregoing and	d all information herec and complete to the b				r documents, 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)		

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



