EF-305-A-R02-0809-42000378-1 BOE-305-A (P1) REV. 02 (08-09)

## **INFORMAL ASSESSMENT REVIEW**

CALIFORNIA

County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

Joseph E. Holland

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

## **IMPORTANT**

| You                                | should keep a copy of th<br>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<br>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



