EF-305-A-R02-0809-57000064-1 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



## **YOLO COUNTY COUNTY ASSESSOR**

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

## **IMPORTANT**

	ould keep a copy of this seessment by [Septemb					
		APPLICANT AND P	PROPERT	Y INFORMA	TION	Λ
NAME (LAST, FIRST	T, MIDDLE INITIAL)	4/		ASSESSOF	S'S PARCEL NUMBER	
MAILING ADDRESS				E-MAIL ADI	DRESS	
CITY		STATE ZIP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
OUR OPINION OF	VALUE AS OF JANUARY 1	$\Lambda$	CL	RRENT TAX BILL A	SSESSMENT	
OUR PURCHASE I	PRICE		DA	TE OF PURCHASE	(MONTH, DAY, YEAR)	
	C	OMPARABLE MAI	RKET DA	TA INFORM	ATION	
SALE	ADDRESS		SALE DATE	PRI	CE (if additional sp	DESCRIPTION ace is needed, use back of form)
1				<b>V</b> (		
2			S	F	- /	
3						
		CER	TIFICATION	ON	•	
I certify (or	declare) that the foregoing an	d all information hereo and complete to the b				uments, is true, correct
OWNER SIGNATURE				OWNER NAME		
GENT 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



