EF-305-A-R02-0809-03000043-1 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.



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

IMPORTANT

Yous	should keep a copy of t Assessment by [Septe	this form for your reco ember 15/November 30				
		APPLICANT AND P	ROPERT	Y INFORMA	TION	<u> </u>
NAME (LAST, F	FIRST, MIDDLE INITIAL)	ASSESSOR'S PARCEL NUMBER				
MAILING ADDRESS		E-MAIL ADDRESS				
CITY		STATE ZIP CODE	DAYTIMI	ETELEPHONE	ALTERNATE TELEPHONE FAX TELEPHONE	
YOUR OPINION OF VALUE AS OF JANUARY 1			CI	JRRENT TAX BILL AS	SESSMENT	
YOUR PURCHA	ASE PRICE	COMPARABLE MAR			(MONTH, DAY, YEAR)	
SALE	ADDE	RESS	SALE DATE	PRI	CE (if additional spa	DESCRIPTION ace is needed, use back of form)1
1				V		
2			S			
3						
	•	CER	TIFICATI	ON	•	
I certify	(or declare) that the foregoin	ng and all information hereon 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



