EF-305-A-R02-0809-23000089-1 BOE-305-A (P1) REV. 02 (08-09)

INFORMAL ASSESSMENT REVIEW

501 Low Gap Road, Room 1020

MENDOCINO COUNTY ASSESSOR

Katrina Bartolomie

Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

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

IMPORTANT

| You | 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, FIRST, MIDDLE INITIAL) | | | | ASSESSOR'S PARCEL NUMBER | | | |
| MAILING ADDR | RESS | | | E-MAIL ADD | PRESS | | |
| CITY | | STATE ZIP CODE | DAYTIME | TELEPHONE | ALTERNATE TELEPHONE FAX TELEPHONE | | |
| YOUR OPINION | N OF VALUE AS OF JANUARY 1 | Λ | CL | IRRENT TAX BILL AS | SESSMENT | | |
| YOUR PURCHA | ASE PRICE | COMPARABLE MAR | | | (MONTH, DAY, YEAR) | | |
| SALE | ADD | RESS | SALE DATE | PRI | (if additional sp | DESCRIPTION ace is needed, use back of form) ¹ | |
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| 2 | | | S | | | | |
| 3 | | | | | | | |
| | | CER | TIFICATION | ON | • | | |
| I certify | (or declare) that the foregoin | ng and all information hereor 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

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

