EF-305-A-R02-0809-36000456-1 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.



Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino
Assessor's Office
222 W. Hospitality Lane - 4th Floor
San Bernardino, CA 92415-0311
www.sbcounty.gov/arc
Phone: (909) 387-8307

Phone: (909) 387-8307 Toll Free: (877) 885-7654

IMPORTANT

You	should keep a copy of t Assessment by [Septe						
		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 OF VALUE AS OF JANUARY 1		Λ	CURRENT TAX BILL ASSESSMENT				
YOUR PURCH	ASE PRICE	COMPARABLE MAR			(MONTH, DAY, YEAR) ATION		
SALE	ADDR	ESS	SALE DATE	PRI	(if additional spa	DESCRIPTION ace is needed, use back of form) ¹	
1	L			V (
2			S	E	7		
3							
		CER'	TIFICATION	ON	•		
I certify	(or declare) that the foregoin	g 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

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

