EF-305-A-R02-0809-41000388-1 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.



## **MARK CHURCH Assessor - County Clerk - Recorder**

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903

email: assessor@smcacre.gov web: www.smcacre.gov

## **IMPORTANT**

	APPLICANT AND I	PROPERTY INFO	RMATION		
AME (LAST, FIRST, MIDDLE INITIAL)		ASS	ESSOR'S PARCEL NUMBER		
AILING ADDRESS		E-M.	AIL ADDRESS		
TY	STATE ZIP CODE	DAYTIME TELEPHON	E ALTERNATE TELEPHONE	FAX TELEPHONE	
UR OPINION OF VALUE AS OF JANU	ARY 1	CURRENT TAX	BILLASSESSMENT		
DUR PURCHASE PRICE	COMPARABLE MA		CHASE (MONTH, DAY, YEAR)  ORMATION		
SALE	ADDRESS	SALE DATE	PRICE (if additional spa	DESCRIPTION ce is needed, use back of form	
1		<b>//</b>			
2		SE	<b>-</b> /		
3					
		TIFICATION	•		
I certify (or declare) that th	e foregoing and all information hered and complete to the b	on, including any acco est of my knowledge	ompanying statements or docu and belief.	ıments, is true, correct	
OWNER SIGNATURE			OWNER NAME		
GENT SIGNATURE (IF APPLICABLE)			AGENT NAME (IF APPLICABLE)		
GENT 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



