EF-305-A-R02-0809-43000288-1 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.



Lawrence E. Stone Santa Clara County Assessor

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

IMPORTANT

| | ould keep a copy of this seessment by [Septemb | | | | | |
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| | | 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 | Λ | 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) |
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| | | 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

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

