EF-305-A-R02-0809-50000122-1 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.



## Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

## **IMPORTANT**

	hould keep a copy of this Assessment by [Septem					
		APPLICANT AND P	ROPERT	Y INFORMA	TION	Λ
NAME (LAST, FIF	RST, MIDDLE INITIAL)	4/		ASSESSOF	'S PARCEL NUMBER	
MAILING ADDRE	ESS			E-MAIL ADD	DRESS	
CITY		STATE ZIP CODE	DAYTIME	TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
OUR OPINION	OF VALUE AS OF JANUARY 1	<b>A A</b>	CU	RRENT TAX BILL AS	SSESSMENT	
OUR PURCHAS	SE PRICE	4//	DA	TE OF PURCHASE	(MONTH, DAY, YEAR)	
		COMPARABLE MAR	RKET DAT	A INFORM	ATION	
SALE	ADDRESS		SALE DATE	PRI	CE (if additional sp	DESCRIPTION ace is needed, use back of form) <sup>1</sup>
1				<b>V</b> (		
2			S	F	- /	
3						
		CER	TIFICATIO	DN	•	
I certify (	or declare) that the foregoing a	nd all information hereo and complete to the be				uments, is true, correct
WNER 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**

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

