EF-305-A-R02-0809-17000610-1 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.



## **Richard Ford County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302

Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

## **IMPORTANT**

	APPLI	CANT AND F	PROPERT	Y INFORM	IATION			
NAME (LAST, FIRST, MIDDLE INITIAL)					ASSESSOR'S PARCEL NUMBER			
MAILING ADDRESS				E-MAIL ADDRESS				
CITY	STAT	TE ZIP CODE	DAYTIME	E TELEPHONE	ALTERNAT	E TELEPHONE	FAX TELEPHONE	
YOUR OPINION OF VALUE AS OF JANUARY 1			CL	CURRENT TAX BILL ASSESSMENT				
YOUR PURCHASE PRICE			DATE OF PURCHASE (MONTH, DAY, YEAR)					
	COMPA	ARABLE MAI	RKET DA	TA INFORI	MATION			
SALE	ADDRESS		SALE DATE	PRICE		DESCRIPTION (if additional space is needed, use back of form) <sup>1</sup>		
1								
2								
3								
		CER	TIFICATI	ON		•		
I certify	(or declare) that the foregoing and all in and co	formation hereo omplete to the b				ments or doc	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)				

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 \_\_\_\_\_\_\_\_.

