EF-305-A-R02-0809-22000363-1 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.



## Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

## **IMPORTANT**

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| II ING ADDRESS                        | IAME (LAST, FIRST, MIDDLE INITIAL) |      |                                 |                                     |                            |                      | ASSESSOR'S PARCEL NUMBER |   |                          |  |
| MAILING ADDRESS                       |                                    |      |                                 |                                     |                            | E-MAIL ADDRESS       |                          |   |                          |  |
| TY STA                                |                                    |      | STATE ZIP CODE DAY              |                                     |                            | ME TELEPHONE ALTERNA |                          | E TELEPHONE   | FAX TELEPHONE            |  |
| OUR OPINION OF VALUE AS OF JANUARY 1  |                                    |      |                                 | CURRENT TAX BILL ASSESSMENT         |                            |                      |                          |   |                          |  |
| OUR PURCHASE PRICE                    |                                    |      |                                 | DATE OF PURCHASE (MONTH, DAY, YEAR) |                            |                      |                          |   |                          |  |
|                                       | CO                                 | MPAR | ABLE MAR                        | RKET DA                             | ATA II                     | NFORM <i>A</i>       | ATION                    |   |                          |  |
| SALE                                  | ADDRESS                            |      |                                 |                                     | E                          | PRICE                |                          | DESCRIPTION (if additional space is needed, use back of form) |                          |  |
| 1                                     |                                    |      |                                 |                                     |                            |                      |                          |   |                          |  |
| 2                                     |                                    |      |                                 |                                     |                            |                      |                          |   |                          |  |
| 3                                     |                                    |      |                                 |                                     |                            |                      |                          |   |                          |  |
|                                       |                                    |      | CER                             | TIFICAT                             | ION                        |                      |                          | <u> </u>  |                          |  |
| I certify (or declare) that the       |                                    |      | mation hereo<br>plete to the be |                                     |                            |                      |                          | ments or docu   | uments, is true, correct |  |
| /NER SIGNATURE                        |                                    |      |                                 |                                     | OWNE                       | R NAME               |                          |   |                          |  |
| GENT SIGNATURE (IF APPLICABLE)        |                                    |      |                                 |                                     | AGENT NAME (IF APPLICABLE) |                      |                          |   |                          |  |

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## **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

