EF-305-A-R02-0809-23000134-1 BOE-305-A (P1) REV. 02 (08-09)

INFORMAL ASSESSMENT REVIEW

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800

MENDOCINO COUNTY ASSESSOR

Fax: (707) 463-6597

Katrina Bartolomie

NOTE: To be completed and filed with the assessor's office by March 15.

IMPORTANT

| Assessment by [September 15/November 30] if your assessment issue has not been resolved. | | | | | | | | | |
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| | A | PPLICANT AND F | PROPER | TY IN | IFORMA | TION | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | ASSESSOR'S PARCEL NUMBER | | | | |
| MAILING ADDRESS | | | | | E-MAIL ADDRESS | | | | |
| CITY STATE ZIP CODE | | | DAYTIN | YTIME TELEPHONE ALTERNAT | | | E TELEPHONE FAX TELEPHONE | | |
| | | | | | | | | | |
| YOUR OPINION OF VALUE AS OF JANUARY 1 | | | | URREN | | | | | |
| YOUR PURCHASE PRICE | | | | DATE OF PURCHASE (MONTH, DAY, YEAR) | | | | | |
| | Co | OMPARABLE MAI | RKET DA | ATA II | NFORMA | ATION | | | |
| SALE | ADDRESS | | SALE DAT | TE PRICE | | DESCRIPTION (if additional space is needed, use back of form) ¹ | | | |
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| I certify | (or declare) that the foregoing and | | | g any | | | ments or doc | uments, is true, correct | |
| | | | | | DWNER 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

