

Sample Value Decline Appeal

BOE-305-AH (S1) REV. 6 (2-06)

APPLICATION NUMBER: _____

APPLICATION FOR CHANGED ASSESSMENT

This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information the appeals board considers necessary may result in the continuance of the hearing.

ASSESSMENT APPEALS BOARD
County of Sonoma
575 Administration Dr., Rm. 100A
Santa Rosa, CA 95403-2815 • (707) 565-2241

PLEASE TYPE OR PRINT IN INK—SEE INSTRUCTIONS FOR FURTHER INFORMATION

1. APPLICANT'S NAME (last, first, middle initial)
Doe, John T.

STREET ADDRESS/P.O. BOX NUMBER (MUST be applicant's mailing address)
10 Main Street

CITY Santa Rosa STATE CA ZIP CODE 95404

DAYTIME PHONE (707) 555-5555 ALTERNATE PHONE (707) 544-4444 FAX NUMBER (707) 533-3333

E-MAIL ADDRESS
jdoe@yahoo.com

2. AGENT'S/ATTORNEY'S FIRM NAME

PERSON TO CONTACT (if other than above) (last, first, middle initial)

STREET ADDRESS/P.O. BOX NUMBER

CITY STATE ZIP CODE

DAYTIME PHONE () ALTERNATE PHONE () FAX NUMBER ()

E-MAIL ADDRESS

AGENT'S AUTHORIZATION

If the applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child, or parent of the person affected, the following must be completed (or attached to this application—see instructions).

PRINT NAME OF AGENT AND AGENCY

is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT/OFFICER/AUTHORIZED EMPLOYEE

TITLE DATE

3. PROPERTY IDENTIFICATION INFORMATION

SECURED: ASSESSOR'S PARCEL NUMBER
100-200-001-000

UNSECURED: ACCOUNT/TAX BILL NUMBER

DOING BUSINESS AS (dba)

PROPERTY ADDRESS OR LOCATION
10 Main Street, S.R.

PROPERTY TYPE:

Single-Family Residence/Condo/Townhouse

Apartments (Number of Units _____)

Commercial/Industrial Vacant Land

Agricultural Other _____

Business Personal Property/Fixtures

Is this property an owner-occupied single-family dwelling?
 Yes No

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE
LAND	<u>100,000</u>	<u>50,000</u>
MINERAL RIGHTS		
IMPROVEMENTS/STRUCTURES	<u>200,000</u>	<u>150,000</u>
TREES & VINES		
FIXTURES - REAL PROPERTY		
FIXTURES - BUSINESS PROP.		
PERSONAL PROPERTY		
TOTAL	<u>300,000</u>	<u>200,000</u>
PENALTIES		

5. TYPE OF ASSESSMENT BEING APPEALED (check one)

IMPORTANT — SEE INSTRUCTIONS FOR FILING PERIODS

Regular Assessment — Value as of January 1 of the current year

Supplemental Assessment ROLL YEAR _____

Date of Notice _____

Roll Change/Escape Assessment/Calamity Reassessment ROLL YEAR _____

Attach 1 copy of Notice

Date of Notice _____

6. THE FACTS THAT I RELY UPON TO SUPPORT REQUESTED CHANGES IN VALUE ARE AS FOLLOWS: You may check all that apply. If you are uncertain of which item to check, please check "I. OTHER" and attach two copies of a brief explanation of your reason(s) for filing this application. PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

- A. Decline in Value:** The assessor's roll value exceeds the market value as of January 1 of the current year.
- B. Change in Ownership:**
 - 1. No change in ownership or other reassessable event occurred on the date of _____
 - 2. Base year value for the change in ownership established on the date of _____ is incorrect.
- C. New Construction:**
 - 1. No new construction or other reassessable event occurred on the date of _____
 - 2. Base year value for the new construction established on the date of _____ is incorrect.
- D. Calamity Reassessment:** Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
- E. Personal Property/Fixtures:** Assessor's value of personal property and/or fixtures exceeds market value.
 - 1. All personal property/fixtures.
 - 2. Only a portion of the personal property/fixtures. Attach description of those items.
- F. Penalty Assessment:** Penalty assessment is not justified.
- G. Classification:** Assessor's classification and/or allocation of value of property is incorrect.
- H. Appeal after an Audit:** MUST include description of each property, issues being appealed, and your opinion of value. Please refer to instructions.
 - 1. Amount of escape assessment is incorrect.
 - 2. Assessment of other property of the assessee at the location is incorrect.
- I. Other:** Explain below or attach explanation.

7. WRITTEN FINDINGS OF FACTS (\$ 150.00 DEPOSIT) Are requested Are not requested

8. Yes No Do you want to designate this application as a claim for refund? Please refer to instructions first.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property—"the Applicant"), (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No. _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE John T. Doe SIGNED AT Santa Rosa CITY CA STATE DATE 9-1-09

NAME AND TITLE (please type or print)

- Owner Agent Attorney Spouse Registered Domestic Partner Child Parent Person Affected