

Please note: This form cannot be saved, so don't forget to print a copy for your records!

Processing

(Check or Money Order ONLY, payable to: County of Sonoma)

Application number: _____

APPLICATION FOR CHANGED ASSESSMENT

This form contains all of 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.

Please print, sign and submit this form to:
 Assessment Appeals Board
 County of Sonoma
 575 Administration Drive, Room 100 A
 Santa Rosa, CA 95403-2815
 (707) 565-2241

To expedite the processing of your application, please fill out this form on your computer.

1. APPLICANT INFORMATION

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)

DOE, JOHN T.

E-MAIL ADDRESS

jdoe@yahoo.com

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

10 MAIN STREET

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
SANTA ROSA	CA	95403	(707) 555-5555	(707) 544-4444	(707) 533-3333

2. AGENT OR ATTORNEY FOR APPLICANT

NAME OF AGENT OR ATTORNEY

E-MAIL ADDRESS

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
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AUTHORIZATION OF AGENT

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, this section must be completed. A separate authorization may be attached to this application. Refer to the instructions for the required information.

NAME OF AGENT AND AGENCY

E-MAIL ADDRESS

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

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

TITLE

DATE

3. PROPERTY IDENTIFICATION INFORMATION

SECURED: ASSESSOR'S PARCEL NUMBER

100-200-001-000

UNSECURED: ACCOUNT OR TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

10 MAIN STREET, SANTA ROSA

PROPERTY TYPE

- SINGLE-FAMILY RESIDENCE, CONDOMINIUM, OR TOWNHOUSE
- COMMERCIAL/INDUSTRIAL
- AGRICULTURAL
- BUSINESS PERSONAL PROPERTY/FIXTURES

- APARTMENTS. NUMBER OF UNITS: _____
- VACANT LAND
- OTHER: _____

IS THIS PROPERTY AN OWNER-OCCUPIED SINGLE-FAMILY DWELLING? YES NO

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE
LAND	100,000	50,000
MINERAL RIGHTS		
IMPROVEMENTS/STRUCTURES	200,000	150,000
TREES & VINES		
FIXTURES - Real Property		
FIXTURES - Business Property		
PERSONAL PROPERTY		
TOTAL	300,000	200,000
PENALTIES		

5. TYPE OF ASSESSMENT BEING APPEALED Check one. See instructions for filing periods

- REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
- SUPPLEMENTAL ASSESSMENT (Supplemental Assessment Number) ROLL YEAR: _____
ATTACH 1 COPY OF NOTICE DATE OF NOTICE: _____
- ROLL CHANGE/ESCAPE ASSESSMENT/CALAMITY REASSESSMENT ROLL YEAR: _____
ATTACH 1 COPY OF NOTICE DATE OF NOTICE: _____

6. FACTS Check all that apply. See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and attach two copies of a brief explanation of your reasons for filing this application. The facts that I rely upon to support requested changes in value are as follows:

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

- No change in ownership occurred on the date of _____.
- Base year value for the change in ownership established on the date of _____ is incorrect.

C. NEW CONSTRUCTION

- No new construction occurred on the date of _____.
- 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.

- 1. Amount of escape assessment is incorrect.
- 2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER

- Explanation attached.

7. WRITTEN FINDINGS OF FACTS (\$150.00 DEPOSIT)

- Are requested.
- Are not requested.

Check this box if you need a written record of the board's decision. If you are unsure, please discuss it with the Clerk of the Appeals Board.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

- Yes
- No.

Check this box if you intend to take an adverse decision to superior court. If you are unsure, please discuss it with the Clerk of the Appeals Board.

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 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 Number _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE	SIGNED AT (CITY, STATE)	DATE
	SANTA ROSA, CA	7-2-10

NAME
JOHN T. DOE

FILING STATUS

- OWNER
- AGENT
- ATTORNEY
- SPOUSE
- REGISTERED DOMESTIC PARTNER
- CHILD
- PARENT
- PERSON AFFECTED

Print, sign and submit this form along with the processing fee to: Assessment Appeals Board, County of Sonoma, 575 Administration Dr., Santa Rosa, CA 95403-2815