

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.

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

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY
APPLICATION #
YEAR/ROLL NSA DATE
INITIALS OF CLERK DATE RECEIVED TIMELY? YES NO

1. APPLICANT'S NAME (last, first, middle initial)

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

CITY STATE ZIP CODE
DAYTIME PHONE ALTERNATE PHONE FAX NUMBER
E-MAIL ADDRESS

2. AGENT OR ATTORNEY FOR APPLICANT

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

I 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

PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

6. THE FACTS THAT I RELY UPON TO SUPPORT REQUESTED CHANGES IN VALUE ARE AS FOLLOWS: You may check all that apply.

- 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:
C. New Construction:
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.
F. Penalty Assessment: Penalty (451L) 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.
I. Other: Attach explanation.

7. WRITTEN FINDINGS OF FACT (\$256.00 per PARCEL) (DO NOT send payment with application). Are requested Are not requested

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

9. HEARING OFFICER: I request that my application be heard before a Hearing Officer (residential appeals only). YES NO (Refer to Instructions)

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 SIGNED AT: CITY STATE DATE

NAME AND TITLE (please type or print)

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