EF-305-A-R02-0809-51000070-1 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.



## TODD L. RETZLOFF, CCIM SUTTER COUNTY

1190 Civic Center Blvd. Yuba City, CA 95993 Telephone (530) 822-7160 FAX (530) 822-7198 www.suttercounty.org/assessor Email: assessor@co.sutter.ca.us

## **IMPORTANT**

	AP	PLIC	ANT AND P	ROPER	RTY IN	IFORMA	TION			
NAME (LAST, FIRST, MIDDLE INITIAL)						ASSESSOR'S PARCEL NUMBER				
MAILING ADDRESS						E-MAIL ADDRESS				
STATE ZIP CODE			DAYTI	DAYTIME TELEPHONE ALTERNAT			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	RABLE MAR	RKET D	ATA II	NFORMA	ATION			
SALE	ADDRESS			SALE DATE PRICE		DESCRIPTION (if additional space is needed, use back of form				
1										
2										
3										
			CER	TIFICAT	TION			<u>'</u>		
I certify (or	declare) that the foregoing and a		mation hereo plete to the be					ments or docu	iments, is true, correct	
VNER SIGNATUR	RE				OWNE	R NAME				
AGENT SIGNATURE (IF APPLICABLE)					AGENT NAME (IF APPLICABLE)					
GENT COMPANY NAME (IF APPLICABLE)					AGEN <sup>1</sup>	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

