EF-305-A-R02-0809-53000632-1 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.

Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

IMPORTANT

Assessment by [September 15/November 30] if your assessment issue has not been resolved. APPLICANT AND PROPERTY INFORMATION									
NAME (LAOT 5		PPLICANT AND F	ROPER	I Y IN			14050		
NAME (LAST, FIRST, MIDDLE INITIAL)					ASSESSOR'S PARCEL NUMBER				
MAILING ADDRESS				E-MAIL ADDRESS					
CITY STATE ZIP CODE			DAYTIM	DAYTIME TELEPHONE ALTERN		ALTERNAT	E TELEPHONE FAX TELEPHONE		
YOUR OPINION OF VALUE AS OF JANUARY 1			C	CURRENT TAX BILL ASS					
YOUR PURCHASE PRICE				DATE OF PURCHASE (MONTH, DAY, YEAR)					
	CC	OMPARABLE MAI	RKET DA	ATA II	NFORMA	ATION			
SALE	ADDRESS		SALE DAT	ATE PRICE		CE	DESCRIPTION (if additional space is needed, use back of form) ¹		
1									
2									
3									
		CER	TIFICATI	ION					
I certify	(or declare) that the foregoing and	l all information hereo and complete to the b					ments or doc	uments, is true, correct	
OWNER SIGNATURE O'					OWNER 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



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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

