EF-305-A-R02-0809-13000489-1 BOE-305-A (P1) REV. 02 (08-09)

assessor's office by March 15.

## **INFORMAL ASSESSMENT REVIEW**

NOTE: To be completed and filed with the

**Robert Menvielle Imperial County Assessor** 940 W. Main Street Suite 115

El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

IMPORTANT You should keep a copy of this form for your records and as a reminder to file an Application for Changed Assessment by [September 15/November 30] if your assessment issue has not been resolved.									
	APP	LICANT AND F	PROPER	TY INFO	RMAT	ION			
NAME (LAST, FIRST, MIDDLE INITIAL)					ASSESSOR'S PARCEL NUMBER				
MAILING ADDRESS					E-MAIL ADDRESS				
CITY STATE ZIP CODE			DAYTIM	  E TELEPHOI			E TELEPHONE	FAX TELEPHONE	
YOUR OPINION	N OF VALUE AS OF JANUARY 1	C	CURRENT TAX BILL ASSESSMENT						
YOUR PURCHASE PRICE				DATE OF PURCHASE (MONTH, DAY, YEAR)					
	COM	PARABLE MAI	RKET DA	ATA INFO	ORMAT	ΓΙΟΝ			
SALE	ADDRESS		SALE DAT	E	PRICE		DESCRIPTION (if additional space is needed, use back of form)		
1									
2									
3									
		CER	TIFICAT	ION			•		
I certify	(or declare) that the foregoing and all	l information hereo I complete to the b	on, including est of my k	g any acc nowledge	ompany and be	ring state lief.	ments or docu	uments, is true, correct	
OWNER SIGNATURE				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



## **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

