EF-305-A-R02-0809-22000277-1 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.



## Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

tguenthart@mariposacounty.org Monday-Friday:8am-5pm

## **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)  |                          |   |               |                          |  |
|                                      | со                               | MPAR | RABLE MAR                       | RKET D  | ATA II                               | NFORMA                   | ATION   |               |                          |  |
| SALE                                 | ADDRESS                          |      |                                 | SALE DA | SALE DATE PRICE                      |                          | DESCRIPTION (if additional space is needed, use back of for |               |                          |  |
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| 2                                    |                                  |      |                                 |         |                                      |                          |   |               |                          |  |
| 3                                    |                                  |      |                                 |         |                                      |                          |   |               |                          |  |
|                                      |                                  |      | CER                             | TIFICAT | ION                                  |                          |   | <u>'</u>      |                          |  |
| I certify (or de                     | eclare) that the foregoing and a |      | mation hereo<br>plete to the be |         |                                      |                          |   | ments or docu | iments, is true, correct |  |
| VNER SIGNATURE                       |                                  |      |                                 |         | OWNE                                 | R NAME                   |   |               |                          |  |
| GENT SIGNATURE (IF APPLICABLE)       |                                  |      |                                 |         | AGENT NAME (IF APPLICABLE)           |                          |   |               |                          |  |
| GENT COMPANY NAME (IF APPLICABLE)    |                                  |      |                                 |         | AGENT E-MAIL ADDRESS (IF APPLICABLE) |                          |   |               |                          |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **INSTRUCTIONS**

To protect your rights, you should file an Application for Changed Assessment with the clerk of the county board **NO LATER 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

