

OFFICE OF ASSESSOR COUNTY OF ALAMEDA

1221 Oak St., County Administration Building Oakland, California 94612-4288 (510) 272-3787 / FAX (510) 272-3803

RON THOMSEN ASSESSOR

ASSESSOR'S USE ONLY	
☐ NO CHANGE ☐ CHANGED TO \$	
APPRAISER:	
SUP. INITIAL: DATE:	

2017-18 INFORMAL REQUEST FOR "DECLINE IN MARKET VALUE" REASSESSMENT

California State Revenue and Taxation Code, Section 51 authorizes the Assessor to *temporarily* lower the assessed value of any real property when it is greater than the market value as of the January 1, lien date. If you have evidence that the market value of your property as of **January 1**, **2017** is less than the assessed value, you may provide the information below and return this request to the Assessor's Office. This request need not be filed prior to July 2017. An independent review of the January 1, 2017 market value will be performed by the Assessor of all properties that were granted a reduced reassessment last year and other properties where there is potential need for a new reduction in assessment. Declines in value below assessed value will be recognized and enrolled. All property owners will be notified of their 2017-18 assessed value in July 2017. If you are not satisfied with that value, you may submit this request at that time. If you have any questions please contact our office at **(510)** 272-3787.

		1	rease complete a	ii the inform	nation below	
1. Own	er Information		•			
Assesso	or's Parcel Number	Square Feet				
Owner'	s Name				Square Feet Daytime Phone ()	
Propert	y Address					
	y Address	Street		City	Zip	
Mailing	g Address	C4		City	Zip	
Mailing AddressStreet Property Purchased On			D ₁			
Tropert	y i dichased Off		1 U	irchase i fic	φ	
Your o	oinion of market va	lue as of January	2017 Assessed Value			
•	•	-				
2. Com	parable Market Dat	a Information				
Sale	Address or APN	Sale Date (Must be prior to 3-31-17)	Sales Price	Square Feet	Description (Single or Multi family: building built, # bedrooms & baths, # of units if mult proximity. Commercial/Industrial: income, be land size, zoning, proximity)	i- family,
a.			\$			
b.			\$			
c.			\$			
3. Ager Ager	nt Information. If you	ou have hired an	agent to represent	t you or are	an agent please complete below. Phone ()	
Ager	nt mailing address_	G, ,			7.	
Street AGENT SIGNATURE				City	Zip Date_	
					Date	

If you have not received a response to this informal request from our office by the assessment appeals deadline or do not agree with the response you must file a timely Application for Changed Assessment in order to protect your appeal rights.

Assessment Appeals (Not filed with the Assessor)

The Assessment Appeals Board (AAB) is an independent body established to resolve differences of opinion of value between the Assessor and property owners. To have your issue heard before the board you must file a timely Assessment Appeal Application. These forms are available through and must be filed with the Clerk, Board of Supervisors Office. The forms may be downloaded from their web site at http://www.acgov.org/clerk/assessment.htm and their office may be contacted at (510) 272-6352. The filing period for the 2017 Assessment Appeals Process is between July 2 and September 15, 2017.