



2012-2013 INFORMAL ASSESSMENT REVIEW

Humboldt County Assessor
825 Fifth Street, Room 300
Eureka, CA 95501-1153
707-445-7663
Toll Free 866-240-0485
Fax 707-445-7410

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, 2012 is less than the assessed value, please provide the information below and return this request to the Assessor's Office no later than 12/31/2012. If you have any questions, please contact our office at 707-445-7663.

This form is a request to review the assessment of your property due to a decline-in-value. Please provide evidence to support your opinion of value as of January 1, 2012. The best support includes information on sales of comparable properties. You should select three comparable properties that sold as close to January 1, 2012 as possible, but no later than March 31, 2012. Any additional information such as appraisal, property condition, or neighborhood listings can be attached. **If this is an income producing property, a current rent roll, along with a verified copy of the most recent full year income/expense statement should be submitted as well.**

Preserve your appeal rights. If you disagree with the Assessor's findings resulting from this application, you have formal appeal rights pertaining to your original assessment if an Application for Changed Assessment is filed timely. To obtain an application, you need to contact the Clerk of the Assessment Appeals Board at 707-476-2384. The Assessment Appeal Filing period is from **July 2 through November 30, 2012**. Appeals must be postmarked by the deadline regardless of the status of this **separate** "Request for Informal Assessment Review." You should keep a copy of this form for your records and as a reminder to file an Application for Changed Assessment by November 30 if your assessment issue has not been resolved.

APPLICANT AND PROPERTY INFORMATION

Name (Last, First, Middle Initial)				Assessor's Parcel Number		
Mailing Address				E-Mail Address		
City	State	Zip Code	Daytime Telephone	Alternate Telephone	Fax Telephone	
Your Opinion of Value as of January 1				Current Tax Bill Assessment		
Your Purchase Price				Date of Purchase (Month, Day, Year)		

COMPARABLE MARKET DATA INFORMATION (OPTIONAL)

Sale	Address	Sale Date	Price	Description (if additional space is needed, use back of form)
1				
2				
3				

CERTIFICATION

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

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