2021-22 INFORMAL REQUEST FOR "DECLINE IN MARKET VALUE" REASSESSMENT

FORM INSTRUCTIONS

- This form may be completed electronically OR be printed, completed, and mailed to the Assessor's
 office.
- 2. If completing electronically:
 - Download the form.
 - Free Adobe Reader is required to complete the form electronically.
 - Complete all applicable fields **BEFORE** signing electronically. You may not be able to edit form fields after signing.
 - Agent, if applicable, should sign before Owner signs.
 - Owner signature is required. A form without Owner signature cannot be accepted.
 - Save a copy of the signed form.
 - Email the completed, signed form as an attachment to a-svcs@acgov.org with the property address or APN in the subject line.
- 3. If completing by hand:
 - Print the form and complete all applicable fields.
 - Agent, if applicable, should sign the form.
 - Owner signature is required. A form without Owner signature cannot be accepted.
 - Save a copy of the completed, signed form for your records.
 - Mail the original completed, signed form to the address below:

PHONG LA, ASSESSOR COUNTY OF ALAMEDA 1221 OAK STREET, ROOM 145 OAKLAND, CA 94612



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

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

> PHONG LA ASSESSOR

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

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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, 2021** is less than the assessed value, please provide the information below and return this request to the Assessor's Office by **December 10, 2021**. Requests received after December 10, 2021 may not allow enough time for staff to adequately review the informal request and still complete other mandated functions in a timely manner. If you have any questions please contact our office at (510) 272-3787.

Please complete all the information below

1. Own	er Information		•			
Assessor's Parcel Number (APN)				Square Feet		
Owner	's Name				Daytime Phone ()	
Propert	ty Address					
Property Address Street			City		Zip	
Mailin	g Address					
Mailing AddressStreet Property Purchased On		City Purchase Price \$		e \$		
Your opinion of market value as of January 1, 2021 \$					2021 Assessed Value	
	nparable Market Dat		,			
Sale	Address or APN	Sale Date (Must be prior to 3-31-21)	Sales Price	Square Feet	Description (Single or Multi family: building size, year built, # bedrooms & baths, # of units if multi- family, proximity. Commercial/Industrial: income, building and land size, zoning, proximity)	
a.			\$			
b.			\$			
c.			\$			
Any ad	ditional information	1:				
Age	nt name				an agent please complete below. Phone ()	
Age	nt mailing address_					
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 2021 Assessment Appeals Process is between July 2 and September 15, 2021.