

**INFORMAL REQUEST FOR REVIEW  
OF  
ASSESSED PROPERTY VALUE  
FOR  
COMMERCIAL/INDUSTRIAL, MULTI-RESIDENTIAL, & VACANT LAND**

This form must be filed by June 30, 2010.

A formal Application for Changed Assessment may be filed with the Clerk of the Board of Supervisors between July 2, 2010 and November 30, 2010

**THIS IS NOT A FORMAL ASSESSMENT APPEAL**

**AVOID PENALTIES:**Filing either the Informal Request For Review or an Application for Changed Assessment **does not** relieve you of the responsibility to pay the tax bill you are contesting.

Pursuant to Proposition 8 (Section 51 of the Revenue and Taxation Code), which states that the taxable value of real property shall be the lesser of its factored base year value or its market value as of the lien date (January 1). The total of the land value, structural improvement value and growing improvement value is used for this comparison. Fixed improvements (if any), personal property (if any) and exemptions are valued separately and are shown only in the enrolled value column.

Assessor's Parcel Number: \_\_\_\_\_

Ownership: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_)\_\_\_\_\_ Contact Email: \_\_\_\_\_

May we contact you by email?

**Owner's opinion of fair market value of this property as of January 1, 2010:**

\$ \_\_\_\_\_

Please provide the necessary information for our office to evaluate your request. At a minimum, please include Income and Expense statements to include the two year period of January 1, 2008 through December 31, 2008 and January 1, 2009 through December 31, 2009.

Additionally, please include the following information with supporting documentation:

- Total leaseable area
- Total rent (trends?)
- Vacancy information (trends?)
- Area leased and rent paid by individual tenants (rent roll)
- The effective dates of the lease (if month-to-month, please include the original date of the lease). Are the rents economic? Please explain if not.
- Itemized expenses
- Who pays the expenses (please provide detail)
- Who pays property taxes
- Any other information (condition, etc.) that may affect value.

**Attach additional pages as needed.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MONTEREY COUNTY ASSESSOR  
PO BOX 570  
SALINAS, CA 93902  
PH:(831) 755-5035 FAX:(831) 755-5435**