

*Required Information

DAN GOODWIN, VENTURA COUNTY ASSESSOR 800 S. Victoria Avenue, Ventura, CA 93009-1270 Telephone: 805-654-2181; Fax: 805-645-1305 http://assessor.countvofventura.org

INFORMAL REQUEST FOR DECLINE IN VALUE REASSESSMENT

California Revenue and Taxation Code section 51 authorizes the Assessor to *temporarily* lower the taxable value of any real property when the assessed value 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**, **2011**, was less than the assessed value as shown on your annual property tax bill, please provide the information below and return this request to the Assessor's Office by **December 31**, **2011**. Our staff will review the value and notify you by mail of the results. If you have any questions, please contact our office at (805) 654-2181.

Please complete and return this request to the address listed above. Sign and date the request. We may need to contact you by telephone for additional information. Tax bills received must be paid timely to avoid penalties. If a refund is warranted, it will be processed after the new assessment is enrolled.

If you disagree with the Assessor's findings resulting from this request, you have formal appeal rights pertaining to your original assessment if an Application for Changed Assessment is filed timely. To obtain an application, contact the Clerk of the Assessment Appeals Board at (805) 654-2251. **Formal applications for the 2011 assessment must be filed between July 2 and September 15, 2011.**

If you have not received a response to this informal request from our office by July 30, 2011, or do not agree with the response, you must file a timely formal Application for Changed Assessment by September 15, 2011, in order to protect your appeal rights.

*Assessor's Parcel Number:	
*Owner Name:	
*Mailing Address:	
*City and Zip Code:	
*Property Address:	
*Daytime Phone: E-mail Address:	
*Your Opinion of the market value as of January 1, 2011:	
Your Purchase Price: \$ Date of Purchase	<u> </u>
Is property income producing: Yes: \(\scale= \) No: \(\scale= \). If yes, include rent/lease, expenses, income, etc.	
Property Type: Residential Commercial A	gricultural
If you are submitting this request after July 1, 2011, did you also file an Application for Changed Assessment for 2011? Yes No	
*Agent Name, if applicable	*Agent Phone (if applicable)
*Agent Mailing Address (Number/Street/City/State/Zip)	
*Owner or Authorized Agent Signature (attach Agent Authorization)**	Date

^{**}Pursuant to Section 17537.9 of the California Business and Professional Code.