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# 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:_____

## 2009-10 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, 2009** is less than the assessed value, you may provide the information below and return this request to the Assessor's Office. If you have any questions please contact our office at **(510) 272-3787**.

Please complete all the information below

1. Owner Information

Assessor's Parcel Number (APN) _____ Square Feet _____
Owner's Name _____ Daytime Phone (____) _____
Property Address_____
Street City Zip
Mailing Address _____
Street City Zip
Property Purchased On _____ Purchase Price $_____

Your opinion of market value as of January 1, 2009 $_____ 2009 Assessed Value _____

2. Comparable Market Data Information

| Sale | Address or APN | Sale Date (Must be prior to 3-31-09) | 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 additional information:_____

3. Agent Information. If you have hired an agent to represent you or are an agent please complete below.

Agent name _____ Phone (_____) _____
Agent mailing address_____
Street City Zip
AGENT SIGNATURE_ Sign here after printing. _____ Date_____

4. **OWNER SIGNATURE** (***required on all requests***) _ Sign here after printing. _____ 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

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 Application for Changed Assessment. 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 2009 Assessment Appeals Process is between July 2 and September 15, 2009.**