

**ASSESSMENT APPEAL APPLICATION**

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

COUNTY OF MENDOCINO  
BOARD OF SUPERVISORS

2016 JUL 13 PM 12 17

COUNTY OF MENDOCINO  
ASSESSMENT APPEALS BOARD  
501 Low Gap Road • Room 1010  
Ukiah, California 95482  
TELEPHONE: (707) 463-4221  
FAX: (707) 463-7237

**EXECUTIVE OFFICE**PER *PK*  
UKIAH, CALIFORNIAAPPLICATION NUMBER: Clerk Use Only  
**16-020**EMAIL ADDRESS: *No one***1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME

*MENDOCINO COAST GENEALOGICAL SOCIETY*

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P.O. BOX)

*PO Box 868*CITY *Fort Bragg* STATE *CA* ZIP CODE *95437* DAYTIME TELEPHONE *(707) 769-2100* ALTERNATE TELEPHONE *(707) 769-2100* FAX TELEPHONE *(707) 769-2100***2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)**NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) *N/A* EMAIL ADDRESS

COMPANY NAME

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

CITY  STATE  ZIP CODE  DAYTIME TELEPHONE *( )* ALTERNATE TELEPHONE *( )* FAX TELEPHONE *( )***AUTHORIZATION OF AGENT** **AUTHORIZATION ATTACHED**

*The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.*

*The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.*

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE *N/A* TITLE  DATE **3. PROPERTY IDENTIFICATION INFORMATION**

YES  NO Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

**ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL**

ASSESSOR'S PARCEL NUMBER <i>019-460-0600</i>	ASSESSMENT NUMBER <i>15146</i>	FEES NUMBER <i>N/A</i>
ACCOUNT NUMBER <i>N/A</i>	TAX BILL NUMBER <i>N/A</i>	

PROPERTY ADDRESS OR LOCATION  DOING BUSINESS AS (DBA), if appropriate *MENDOCINO COAST GENEALOGICAL SOCIETY*

PROPERTY TYPE 

<input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX	<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> POSSESSORY INTEREST
<input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____	<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> VACANT LAND
<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	<input type="checkbox"/> WATER CRAFT	<input type="checkbox"/> AIRCRAFT
<input type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES	<input checked="" type="checkbox"/> OTHER: <i>COMMUNITY DECORATION</i>	

**4. VALUE**

	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	<i>10,147</i>	<i>10,147</i>	
IMPROVEMENTS/STRUCTURES	<i>20,659</i>	<i>20,659</i>	
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	<i>30,806</i>	<i>30,806</i>	
PENALTIES (amount or percent)			

5. TYPE OF ASSESSMENT BEING APPEALED  *Check only one. See instructions for filing periods* REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR SUPPLEMENTAL ASSESSMENT

\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_

 ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT\*DATE OF NOTICE: MAY 31, 2016 \*\*ROLL YEAR: 2016 (SEE ATTACHMENT #5)

\*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application

## 6. REASON FOR FILING APPEAL (FACTS)

*See instructions before completing this section.*

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

## A. DECLINE IN VALUE

 The assessor's roll value exceeds the market value as of January 1 of the current year.

## B. CHANGE IN OWNERSHIP

 1. No change in ownership occurred on the date of \_\_\_\_\_. 2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.

## C. NEW CONSTRUCTION

 1. No new construction occurred on the date of \_\_\_\_\_. 2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect. 3. Value of construction in progress on January 1 is incorrect.

## D. CALAMITY REASSESSMENT

 Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

## E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.

 1. All personal property/fixtures. 2. Only a portion of the personal property/fixtures. Attach description of those items.

## F. PENALTY ASSESSMENT

 Penalty assessment is not justified.

## G. CLASSIFICATION/ALLOCATION

 1. Classification of property is incorrect. 2. Allocation of value of property is incorrect (e.g., between land and improvements).

## H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.

 1. Amount of escape assessment is incorrect. 2. Assessment of other property of the assessee at the location is incorrect.

## I. OTHER

 Explanation (attach sheet if necessary) SEE ATTACHED "TWO REASONS FOR FILING THIS APPEAL"

## 7. WRITTEN FINDINGS OF FACTS (\$ \_\_\_\_\_ per \_\_\_\_\_)

 Are requested.  Are not requested.8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND *See instructions.* Yes  No

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California 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 and that I am (1) the owner of the property or the person affected (i.e., a person) having a direct economic interest in the payment of taxes on that property – "The Applicant", (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE: (Use Blue Pen – Original signature required on paper-filed application)



NAME (Please Print)

SIGNED AT (CITY, STATE)

DATE

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

 OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED CORPORATE OFFICER OR DESIGNATED EMPLOYEE