

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

APPLICATION NUMBER: Clerk Use Only

18-025

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS OR TRUST NAME
SAFEGWAY INC

EMAIL ADDRESS

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
1371 OAKLAND BLVD #200

CITY WALNUT CREEK	STATE CA	ZIP CODE 94596	DAYTIME TELEPHONE () () ()	ALTERNATE TELEPHONE () () ()	FAX TELEPHONE () () ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
GANGLOFF, DAVID L. JR.E-MAIL ADDRESS
PTAAPPEALS@PROPERTY-TAXES.COMCOMPANY NAME
PROPERTY TAX ASSISTANCE CO., INC.CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)
BUSKIRK, DAVID B (BRENT)MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
16600 WOODRUFF AVE., SUITE 200

CITY BELLFLOWER	STATE CA	ZIP CODE 90706	DAYTIME TELEPHONE (562) 282-5926	ALTERNATE TELEPHONE (562) 282-5905 (Admin)	FAX TELEPHONE (562) 920-5775
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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

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 002-302-6100	ASSESSMENT NUMBER	FEE NUMBER
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ACCOUNT NUMBER	TAX BILL NUMBER 3230
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PROPERTY ADDRESS OR LOCATION 623 SO STATE ST UKIAH	DOING BUSINESS AS (DBA), if appropriate
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PROPERTY TYPE ☒☐ SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX☐ AGRICULTURAL☐ POSSESSORY INTEREST☐ MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____☐ MANUFACTURED HOME☐ VACANT LAND☒ COMMERCIAL/INDUSTRIAL☐ WATER CRAFT☐ AIRCRAFT☐ BUSINESS PERSONAL PROPERTY/FIXTURES☐ OTHER: _____

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	1,243,330	1,243,330	
IMPROVEMENTS/STRUCTURES	5,648,006	5,648,006	
FIXTURES			
PERSONAL PROPERTY (see instructions)	1,331,511	665,756	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	8,222,847	7,557,092	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: _____ **ROLL YEAR: _____

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) _____**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)

SIGNED AT (CITY, STATE)

DATE

BELLFLOWER, CA

NOV 20 2018

NAME (Please Print)

DAVID L. GANGLOFF, JR.

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

**AUTHORIZATION OF AGENT/
DESIGNATION OF ATTORNEY**

May be filed with initial *Assessment Appeal Application* when naming an agent or when an agent or California attorney is being named when none was named in the initial application. Mail or fax the completed form to the Clerk of the Board at the address shown

MENDOCINO County**APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL) SAFEWAY INC				EMAIL ADDRESS	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P.O. BOX) 1371 OAKLAND BLVD #200					
CITY WALNUT CREEK	STATE CA	ZIP CODE 94596	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
SECURED: ASSESSOR'S PARCEL NUMBER ALL PROPERTY IN COUNTY OF MENDOCINO			UNSECURED: ACCOUNT OR TAX BILL NUMBER ALL PROPERTY IN COUNTY OF MENDOCINO		
<input checked="" type="checkbox"/> AUTHORIZATION OF AGENT <input type="checkbox"/> DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.					

If the applicant is a corporation, limited partnership, or limited liability company, the authorization must be signed by an officer or authorized employee of the business entity.

NAME OF AGENT OR ATTORNEY	EMAIL ADDRESS
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COMPANY NAME PROPERTY TAX ASSISTANCE CO., INC.					
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX) 16600 WOODRUFF AVE., STE 200					
CITY BELLFLOWER	STATE CA	ZIP CODE 90706	DAYTIME TELEPHONE (562) 920-1864	ALTERNATE TELEPHONE ()	FAX TELEPHONE (562) 920-5775

The above named person/company is hereby authorized to act as my agent in this application and may inspect Assessor's records, enter into stipulated agreements, and otherwise settle issues relating to this application or any Assessment Appeal Application in this county as indicated above.

APPLICANT SIGNATURE 	APPLICANT TITLE Director Tax
APPLICANT NAME JANA BOHLMAN	DATE 10/05-18

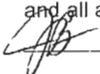
The remaining sections are required only when authorizing an agent. (Not required when designating a California attorney.)

THIS AUTHORIZATION IS FOR CALENDAR YEAR: 2018

Calendar Year is January 1 through December 31. This authorization must be completed for the specific year in which the application is filed.

☒ **CHECK AND INITIAL ONE**

☒ The named agent is hereby authorized to file Assessment Appeal Application and transact all business relating to such filings on any and all assessments or property located within the county owned by this applicant.

 Applicant must initial this statement.

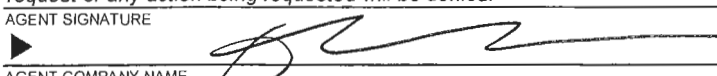
☐ The named agent is hereby authorized to file Assessment Appeal Application and transact all business relating to such filings on the specific property listed above or the specific properties identified in the Multiple Properties List (see page 2 of this authorization).
Applicant must initial this statement.

CERTIFICATION OF AGENT

☒ I am an agent for the applicant filing the initial Assessment Appeal Application. I hereby certify that a copy of the completed Assessment Appeal Application, attached to this authorization, has been forwarded to the applicant named in the application.

☐ I have been retained as the agent for the applicant who has previously filed an Assessment Appeal Application.

If a copy of this form is being submitted, or the form is being submitted electronically, I will produce the original form with original signatures upon request or any action being requested will be denied.

AGENT SIGNATURE 	PRINT AGENT NAME DAVID GANGLOFF, JR., CEO
AGENT COMPANY NAME PROPERTY TAX ASSISTANCE CO., INC.	EMAIL ADDRESS PTAAppeals@property-taxes.com

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION