BOE-305-AH (P1) REV. 08 (01-15) 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 MEND BOARD OF SUPERV

2019 NOV 18



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

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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

BOE-305-AH (P2 REV. 08 (01-15)
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
 A to change in ownership occurred on the date of 2. Base year value for the change in ownership established on the date of
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.
E. BOSINESS PERSONAL PROPERTITIENTORES. Assessor's value of personal property and/or fixtures exceeds market value.
 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 (\$)
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)	SIGNEDAT (CITY, STATE) Mesa, AZ	DATE 11/11/2019
NAME (Please Print)		

Christopher Glidewell

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