



OFFICE OF ASSESSOR COUNTY OF ALAMEDA

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Oakland, California 94612-4288
(510) 272-3787 / FAX (510) 272-3803

PHONG LA
ASSESSOR

ASSESSOR'S USE ONLY

NO CHANGE
 CHANGED TO
\$ _____
APPRAISER: _____
SUP. INITIAL: _____
DATE: _____

2019-20 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, 2019** is less than the assessed value, you may provide the information below and return this request to the Assessor's Office. This request need not be filed prior to July 2019. An independent review of the January 1, 2019 market value will be performed by the Assessor of all properties that were granted a reduced reassessment last year and other properties where there is potential need for a new reduction in assessment. Declines in value below assessed value will be recognized and enrolled. All property owners will be notified of their 2019-20 assessed value in July 2019. If you are not satisfied with that value, you may submit this request at that time. 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, 2019 \$ _____ 2019 Assessed Value _____

2. Comparable Market Data Information

Sale	Address or APN	Sale Date (Must be prior to 3-31-19)	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 _____ Date _____

4. **OWNER SIGNATURE** (required on all requests) _____ 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 (Not filed with the Assessor)

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 Assessment Appeal Application. 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 2019 Assessment Appeals Process is between July 1 and September 15, 2019.**