



WEBSTER J. GULLORY
ORANGE COUNTY ASSESSOR
 CIVIC CENTER PLAZA, BUILDING 11
 625 N. ROSS STREET, ROOM 142
 P.O. BOX 22000
 SANTA ANA, CA 92702-2000
 PHONE: (714) 834-2727
 FAX: (714) 834-3934
www.ocgov.com/assessor

REQUEST FOR INFORMAL ASSESSMENT REVIEW

***(NO CHARGE TO FILE THIS REQUEST OR TO HAVE YOUR
PROPERTY'S VALUE REVIEWED BY THE ASSESSOR)***

IMPORTANT: THIS FORM MUST BE FILED BY APRIL 30, 2010

The information you provide will be considered in our review and valuation of your property. If the market value of the property on January 1, 2010, was lower than your Proposition 13 assessed value, you may receive a temporary reduction in taxable value for the upcoming year.

MAIL TO: Orange County Assessor, Attention: Real Property, P.O. Box 22000, Santa Ana, CA 92702-2000.
For assistance, please call (714) 834-2727.

CONTACT INFORMATION

PROPERTY INFORMATION

Owner's Name:	Parcel Number:
	Property Address:
Daytime Phone Number: _____ ext. _____	City:
Do you have a Property Tax Agent representing you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Purchase:
If yes, Agent's Name:	Your Purchase Price: \$
Agent's Daytime Phone Number: _____ ext. _____	Your Opinion of Value as January 1, 2010: \$

COMPARABLE PROPERTY INFORMATION*

Sale or Listing	Parcel Number (if known)	Address	Sale Date (no later than 3/31/2010) if applicable	Sale or Listing Price	Additional Information
1				\$	
2				\$	
3				\$	

*Please provide Comparable Market Data Information – **Comparable Sales or listings of similar properties in your area.** Include any additional information on a separate sheet that you feel is relevant to the above comparable properties.

IMPORTANT: You will be notified of the results of this review on your Property Value Notice in July 2010. If you disagree with the value on your Notice, you may file an appeal with the Clerk of the Board. The filing period is July 2, 2010 to September 15, 2010.

AUTHORIZED AGENT: I hereby authorize the Property Tax Agent listed above to act as my agent to file this application (if applicable).

SIGNATURE:

_____ Signature of Property Owner _____ Date

All correspondence related to this review will be mailed to the address we have on file.

ASSESSOR USE ONLY

INF #:	1	0							By:	Grid:	City:
Total Value: \$			Appraiser:			Date:			Remarks:		

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS