

ENCWFE'RCTTHI ORANGE COUNTY ASSESSOR 500 S. Main Street, First Floor Suite 103 Orange, CA 92868-4512 or P.O. BOX 22000 SANTA ANA, CA 92702-2000

PHONE: (714) 834-2727 FAX: (714) 834-3934 www.ocassessor.gov

SINGLE-FAMILY

CHECK THE BOX THAT BEST DESCRIBES THIS PROPERTY \Box Condo

□ Single Family

□ Townhouse

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, 2023 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, 2023, 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:	City:		
Do you have a Property Tax Agent representing you? Yes \Box No \Box	Date of Purchase:		
If yes, Agent's Name:	Your Purchase Price: \$		
Agent's Daytime Phone Number: Ext:	Your Opinion of Value as of January 1, 2023 \$		

*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.

COMPARABLE PROPERTY INFORMATION*

Sale or Listing	Parcel Number (if known)	Address	Sale Date (no later than 3/31/2023) if applicable	Sale or Listing Price	Additional Information
1				\$	
2				\$	
3				\$	

IMPORTANT: You may be notified of the results of this review on your Property Value Notice in July 2023 or your property tax bill. If you disagree with the valuation of your property, you may file an assessment appeal with the Clerk of the Board. The filing period is July 2, 2023 to November 30, 2023.

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

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 \square ECA Warranted \$ **Remarks:** □ Hold □ No ECA Appraiser: Date: