

CLAUDE PARRISH ORANGE COUNTY ASSESSOR

500 S. Main Street, First Floor Suite 103 Orange, CA 92868-4512

P.O. BOX 22000 SANTA ANA, CA 92702-2000 PHONE: (714) 834-2727 FAX: (714) 834-3934 www.ocassessor.gov

MULTI-FAMILY PROPERT

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

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 was lower than your Proposition 13 assessed value, you may receive a temporary reduction in taxable value for the upcoming year.

City:

Parcel Number(s):

Primary Property Address:

MAIL TO:

Owner's Name:

Daytime Phone Number:

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

Do you have a Property Tax Agent representing you? Yes □ No □ If yes, Agent's Name:			Total # Units: # Units Vacant as of Jan. 1 this year:			
1. Rent	Roll to include unit nu ne and Expense Staten	quired for the above re umber, square feet, ren nent, most recent 12 m	ntal rate, rent nonths.	start date, c	oncessions	.
APN	Address	Sale Price	Sale Date	% Occupied	# Parking Spaces	Description & Value of Any Rent Concessions
		\$				
		\$				
		\$				
IMPORTANT AUTHORIZE AGENT: SIGNATURE:	bill. If you disagree wi Board. The filing period I hereby authorize the l	f the results of this review of th the valuation of your pr d is July 2 to November 3 Property Tax Agent listed	operty, you may 0. above to act as	y file an assessi	ment appeal	with the Clerk of the
Signature of Property Ow			vner Date			
	All correspondence	related to this review wi		the address w	e have on f	ile.
		ASSESSOR U	USE ONLY			1
□ ECA Warra	anted \$	Remarks:				
□ Hold						

Appraiser:

Date:

 \square No ECA