



# OFFICE OF ASSESSOR COUNTY OF ALAMEDA

1221 Oak St., County Administration Building  
Oakland, California 94612-4288  
(510) 272-3787 / FAX (510) 272-3803

**RON THOMSEN**  
ASSESSOR

### ASSESSOR'S USE ONLY

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

## 2009-10 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, 2009** 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 2009. An independent review of the January 1, 2009 market value of single family properties acquired from January 1, 2002 to December 31, 2008 will be performed by the Assessor and declines in value below assessed value will be recognized. All property owners will be notified of their 2009-10 assessed value in July 2009. 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, 2009 \$ \_\_\_\_\_ 2009 Assessed Value \_\_\_\_\_

### 2. Comparable Market Data Information

Sale	Address or APN	Sale Date (Must be prior to 3-31-09)	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

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 Application for Changed Assessment. 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 2009 Assessment Appeals Process is between July 2 and September 15, 2009.**