



APPLICATION FOR CHANGED ASSESSMENT

City & County of San Francisco, State of California

#1 Dr. Carlton B. Goodlett Place, Room 405, San Francisco, CA 94102-4697

This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal.

APPLICATION NUMBER

1. APPLICANT'S NAME (Please type or print in ink)

(Last, First, MI)

Mailing Address (MUST be applicant's mailing address)

City State Zip Code

Daytime Phone Alternate Phone Fax Number

E-Mail Address:

3-A SECURED PROPERTY ASSESSOR'S PARCEL NO. (list block & lot #)

3-B UNSECURED PROPERTY (attach copy of tax bill)

Assessment No.

Account No.

3-C PROPERTY ADDRESS OR LOCATION

2. AGENT OR ATTORNEY FOR APPLICANT (Please type or print in ink)

(Name of Agent's/Attorney's Firm)

(Person to Contact)(Last, First, MI)

Mailing Address

City State Zip Code

Daytime Phone Alternate Phone Fax Number

AGENT AUTHORIZATION

If the applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity.

is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, and otherwise settle issues related to this application.

Date Signature of Applicant/Officer/Authorized Employee Title

3-D PROPERTY TYPE:

- Single family residence/ Condo/Townhouse
Is this property an owner-Occupied single family dwelling
Apartments - # of Units
Commercial
Business Personal Property
Possessory Interest
Vacant Land
Other

4. VALUES FOR:

Table with columns: VALUE ON ROLL, APPLICANT'S OPINION of VALUE. Rows include LAND, IMPROVEMENT STRUCTURES, IMPROVEMENT FIXTURES, PERSONAL PROPERTY, TOTAL, PENALTIES.

(FOR OFFICE USE ONLY)

5. TYPE OF ASSESSMENT BEING APPEALED (check only one box)

THIS APPEAL IS FOR THE ROLL YEAR (IMPORTANT- See Instructions for Filing Periods)

- Regular Assessment - Value as of January 1st of the current year
Supplemental Assessment (Attach copy)
Roll Change/Escapes Assessment/Calamity

6. THE FACTS THAT I RELY UPON TO SUPPORT REQUESTED CHANGE IN VALUE ARE AS FOLLOWS:

- DECLINE IN VALUE: Assessor's roll value exceeds the market value as of January 1st of the current year.
CHANGE IN OWNERSHIP: (1) No change in ownership or other reassessable event occurred on the date of... (2) Base Year value for the change of ownership established on the date of... is incorrect.
NEW CONSTRUCTION: (1) No new construction or other reassessable event occurred on the date of... (2) Base Year value for the new construction established on the date of... is incorrect.
CALAMITY: Assessor's reduced value incorrect for property damaged by misfortune or calamity.
PERSONAL PROPERTY/FIXTURES: Assessor's value of personal property and/or fixtures exceeds market value.
PENALTY ASSESSMENT: Penalty assessment is not justified.
CLASSIFICATION: Assessor's classification and/or allocation of value of property is incorrect.
APPEAL AFTER AN AUDIT: Must include description of each property, issues being appealed, and your opinion of value.
OTHER: Explain here or attach explanation:

7. WRITTEN FINDINGS OF FACT: Written Findings ARE requested ARE NOT requested. (See Information & Instructions for Details and Fees)

8. CLAIM FOR REFUND: YES NO Do you want to designate this application as a claim for refund? (Please refer to Information & Instructions)

9. HEARING OPTIONS: (See Information & Instructions for Requirement Details and Fees)

- A HEARING OFFICER is requested (Only applies to single family residences, cooperatives, condominium, or multiple-family dwellings of four units or less)
A BOARD HEARING is requested (All applicants may request a Board hearing)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING AND ALL INFORMATION HEREON, INCLUDING ANY ACCOMPANYING STATEMENTS OR DOCUMENTS, IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM (1) THE OWNER OF THE PROPERTY OR THE PERSON AFFECTED (IE: A PERSON HAVING A DIRECT ECONOMIC INTEREST IN THE PAYMENT OF THE TAXES ON THAT PROPERTY - "THE APPLICANT"), (2) AN AGENT AUTHORIZED BY THE APPLICANT UNDER ITEM 2 OF THIS APPLICATION, OR (3) AN ATTORNEY LICENSED TO PRACTICE LAW IN THE STATE OF CALIFORNIA, STATE BAR NO. WHO HAS BEEN RETAINED BY THE APPLICANT AND HAS BEEN AUTHORIZED BY THAT PERSON TO FILE THIS APPLICATION.

Signature Location Signed City State Date:

Name and Title (please type or print in ink) Owner Agent Attorney Spouse Registered Domestic Partner Child Parent Person Affected