



Assessor's Office

555 County Center, First Floor

Redwood City, CA 94063-1665

Phone: (650) 363.4500

Fax: (650) 363.1903

E-mail : assessor@smcare.org

"Decline In Value" Reassessment Application Form

Use this form to declare that the value of a property has declined below assessed values and to request that it be reassessed for tax purposes. Fill in the spaces below. To file the form, print it, then either mail or fax it to the Assessor's Office.

- Mail the application to the Assessor's Office, 555 County Center, Redwood City, CA 94063-1665
- Fax the application to the Assessor's Office at (650) 363-1903

Assessor's Parcel Number: _____

Property Address: _____

As owner of the above referenced property, I hereby request that the assessed value be reviewed due to a decline in value.

The current assessed value of this property is: \$ _____

My opinion of the market value, as of January 1, 2009 is: \$ _____

(The market value must be lower than the current assessed value to qualify for reassessment.)

Date of purchase: _____

My opinion of the current market value is supported by the following facts:

Attach any factual information you may have, such as an appraisal, comparable sales or listings, which support your claim. If this is an income producing property, attach a verified current operating statement and rent roll.

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Daytime Telephone: _____

eMail Address: _____