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COUNTY OF LAKE
COUNTY ASSESSOR-RECORDER
Courthouse - 255 N. Forbes Street
Lakeport, California 95453
Assessor's Office 707 / 263-2302
Recorder's Office 707 / 263-2293
Fax 707 / 263-3703
Assessor@lakecountyca.gov

RICHARD A. FORD
ASSESSOR-RECORDER

INFORMAL REQUEST FOR THE YEAR _____ FOR REASSESSMENT DUE TO DECLINE IN MARKET VALUE

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 1st is less than the assessed value , please provide the information below and return this request to the Assessor's Office by **November 30th** of the current year. Any requests ***after the deadline will not be accepted.*** If you have any questions, please contact our office at (707)263-2302.

This form allows you to request a review of the assessment of your property due to a decline in value. Please provide evidence to support your opinion of value as of January 1st of the current year. The best evidence or support includes information on non distressed sales of comparable properties. According to California Property Tax Rule 324, comparable sales included **may not have sold after 90 days past the lien date January 1st.**

APPLICATION AND PROPERTY INFORMATION

Name _____ Assessor's Parcel Number ___ - ___ - ___

_____ _____ _____ _____
Mailing Address *City* *State* *Zip*

_____ _____ _____ _____
Property Address *City* *State* *Zip*

Daytime Phone _____ E-mail Address _____

Assessed Value (from tax bill) $ _____ Date Purchased Property _____

Opinion of Value as of Jan 01/ _____ $ _____ Purchase Price $ _____
year *value*

COMPARABLE PROPERTIES INFORMATION

SALE	ADDRESS/ASSESSOR'S PARCEL NUMBER	SALE DATE	PRICE	DESCRIPTION (Size/#bdrms/#baths/Yr. Built Proximity- use back if additional space is needed)
1				
2				
3				

Your property taxes are still due by the date printed on your tax bill. The filing of this form or an Application for Changed Assessment does not change the date taxes are due.

I have read and understand the statement above. I agree to allow the Assessor's staff to inspect the property, including the interior of any improvements, if necessary.

_____ _____ _____
Signature *Title (Owner, Agent, etc.)* *Date*

Formal Appeal Right: If you disagree with the Assessor's findings resulting from this request, you have the right to file a formal Application for Changed Assessment. Applications are accepted from July 2 through November 30. Applications must be postmarked by the deadline regardless of the status of the informal Request for Reassessment. To obtain an Application for Changed Assessment, contact the Clerk to the Board of Supervisors at (707)263-2371.