

**STANISLAUS COUNTY  
APPLICATION FOR CHANGED ASSESSMENT**

*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. Applicants should be prepared to submit additional information if requested by the Assessor or at the time of the Hearing. Failure to provide information the Assessment Appeals Board considers necessary may result in the continuance of the hearing.*

**\$30.00 Processing Fee**  
To be paid at the time of filing

PLEASE TYPE OR PRINT IN PEN  
APPLICATION NUMBER

1. <b>APPLICANT'S NAME</b> (last, first, middle initial) (please type or print)			
STREET ADDRESS/P.O. Box Number (MUST be applicant's mailing address)			
CITY	STATE	ZIP CODE	
DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	
2. <b>AGENT'S / ATTORNEY'S FIRM NAME</b> (please type or print)			
PERSON TO CONTACT (if other than above) (last, first, middle initial)			
STREET ADDRESS/P.O. Box Number			
CITY	STATE	ZIP CODE	
DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	
<b>AGENT'S AUTHORIZATION</b>			
<i>If the applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child, or parent of the person affected, the following must be completed (or attached to this application-see instructions).</i>			
PRINT NAME OF AGENT AND AGENCY			
<i>Is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, and otherwise settle issues relating to this application.</i>			
SIGNATURE OF APPLICANT/OFFICER/AUTHORIZED EMPLOYEE			
TITLE			DATE
<b>FINAL ACTION TAKEN BY APPEALS BOARD</b>			
<input type="checkbox"/> No change is made in current assessments – Appeal Denied <input type="checkbox"/> Stipulation approved <input type="checkbox"/> Did not appear – denied <input type="checkbox"/> Current assessments are changed as indicated in item 4c <input type="checkbox"/> Appeal Withdrawn <input type="checkbox"/> Other _____			

3. <b>PROPERTY IDENTIFICATION INFORMATION</b>			
ASSESSOR'S ASSESSMENT NUMBER			
ASSESSOR'S FEE NUMBER (PARCEL NUMBER)			
PROPERTY ADDRESS OR LOCATION			
<b>PROPERTY TYPE (check one):</b>			
<input type="checkbox"/> Single Family Residence/Condo/Townhouse <input type="checkbox"/> Apartments (Number of Units _____) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Business Personal Property/Fixtures <input type="checkbox"/> Vacant Land <input type="checkbox"/> Other _____			
Is this property an owner-occupied Single family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. <b>VALUE</b>	A. CURRENT ASSESSMENT ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
IMPROVEMENTS /STRUCTURES			
TREES & VINES			
FIXTURES			
PERSONAL PROPERTY			
MINERAL RIGHTS			
EXEMPTIONS			
Total			
PENALTIES			
5. <b>TYPE OF ASSESSMENT BEING APPEALED (check one)</b>			
<b>IMPORTANT – SEE INSTRUCTIONS FOR FILING PERIODS</b>			
<input type="checkbox"/> Regular Assessment – Value as of January 1 of the current year <input type="checkbox"/> Supplemental Assessment <span style="float: right;"><b>ROLL YEAR</b></span> Attach 2 copies of Notice or Tax Bill Date of Notice or Tax Bill _____			
<input type="checkbox"/> Roll Change/Escapes Assessment/Calamity Re-assessment <span style="float: right;"><b>ROLL YEAR</b></span> Attach 2 copies of Notice or Tax Bill Date of Notice or Tax Bill _____			

**6. THE FACTS THAT I RELY UPON TO SUPPORT THE REQUESTED CHANGES IN VALUE ARE AS FOLLOWS.** You may check all that apply. If you are uncertain of which item to check, please check "I. Other" and attach two copies of a brief explanation of your reason(s) for filing this application. PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

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| <input type="checkbox"/> <b>A. Decline in Value:</b> The Assessor's roll value exceeds the market value as of January 1 of the current year.<br><input type="checkbox"/> <b>B. Change in Ownership:</b><br><input type="checkbox"/> 1. No change in ownership or other re-assessable event occurred on the date of _____.<br><input type="checkbox"/> 2. Base year value for the change in ownership established on the date of _____ is incorrect.<br><input type="checkbox"/> <b>C. New Construction:</b><br><input type="checkbox"/> 1. No new construction or other re-assessable event occurred on the date of _____.<br><input type="checkbox"/> 2. Base year value for the new construction established on the date of _____ is incorrect.<br><input type="checkbox"/> <b>D. Calamity Re-assessment:</b> Assessor's reduced value is incorrect for property damage by misfortune or calamity. | <input type="checkbox"/> <b>E. Personal Property/Fixtures:</b> Assessor's value of personal property and/or fixtures exceeds market value.<br><input type="checkbox"/> 1. All personal property/fixtures<br><input type="checkbox"/> 2. Only a portion of the personal property/fixtures. Attach description of those items.<br><input type="checkbox"/> <b>F. Penalty Assessment:</b> Penalty assessment is not justified.<br><input type="checkbox"/> <b>G. Classification:</b> Assessor's classification and/or allocation of value of property is incorrect.<br><input type="checkbox"/> <b>H. Appeal after an Audit:</b> MUST include description of each property, issues being appealed, and your opinion of value. Please refer to instructions.<br><input type="checkbox"/> 1. Amount of escape assessment is incorrect.<br><input type="checkbox"/> 2. Assessment of other property of the assessee at the location is incorrect.<br><input type="checkbox"/> <b>I. Other: (Attach Explanation)</b> |
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7. <b>WRITTEN FINDINGS OF FACTS: \$100 PER OWNER OCCUPIED RESIDENTIAL PARCEL; \$100 PER OTHER PARCELS OR PERSONAL PROPERTY PLUS \$250 PER HOUR (AAB RULE 8)</b>			
<input type="checkbox"/> Are Requested <input type="checkbox"/> Are not Requested			
8. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DO YOU WANT TO DESIGNATE THIS APPLICATION AS A CLAIM FOR REFUND?</b> Please refer to instructions first.			
<small>SIGNATURE: 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 (i.e., 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.</small>			
SIGNATURE	SIGNED AT	CITY	STATE
DATE			
NAME AND TITLE (Please print or type)			
<input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> ATTORNEY <input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> PERSON AFFECTED			