DAN GOODWIN, VENTURA COUNTY ASSESSOR
800 S. Victoria Avenue, Ventura, CA 93009-1270
Telephone: 805-654-2181; Fax: 805-645-1305
assessor.countyofventura.org

INFORMAL REQUEST FOR DECLINE IN VALUE REASSESSMENT

California Revenue and Taxation Code section 51 authorizes the Assessor to ***temporarily*** lower the taxable value of any real property when the assessed value is greater than the market value as of the January 1 lien date. If you have evidence that the assessed value shown on your annual property tax bill is greater than the market value of your property as of **January 1, 2013**, please provide the information below and return this request to the Assessor's Office by **December 31, 2013**. Our staff will review the value and notify you by mail of the results. If a value reduction is warranted, it will be effective for the 2013-14 annual tax bill. If you have any questions, please contact our office at (805) 654-2181.

Please complete and return this request to the address listed above. Sign and date the request. We may need to contact you by telephone for additional information. Tax bills received must be paid timely to avoid penalties. If a refund is warranted, it will be processed after the new assessment is enrolled.

If you disagree with the Assessor's findings resulting from this *informal* request, you have *formal* appeal rights pertaining to your original assessment if an Application for Changed Assessment is filed timely. To obtain an application, contact the Clerk of the Assessment Appeals Board at (805) 654-2251. **Formal applications for the 2013 assessment must be filed between July 2 and September 15, 2013.**

If you have not received a response to this informal request from our office by July 30, 2013, or do not agree with the response, you must file a timely formal Application for Changed Assessment by September 15, 2013, in order to protect your appeal rights.

***Required Information**

*Assessor's Parcel Number: _____

*Owner Name: _____

*Mailing Address:_____

*City and Zip Code:_____

*Property Address:_____

*Daytime Phone:_____ E-mail Address:_____

*Your Opinion of the market value as of January 1, 2013:_____

Your Purchase Price: $_____ Date of Purchase:_____

Is property income producing: Yes: ☐ No:☐. If yes, include rent/lease, expenses, income, etc.

Property Type: ☐ Residential ☐ Commercial ☐ Agricultural

If you are submitting this request after July 1, 2013, did you also file an Application for Changed Assessment for 2013? ☐ Yes ☐ No

*Agent Name, if applicable	*Agent Phone (if applicable)
*Agent Mailing Address (Number/Street/City/State/Zip)	
*Owner or Authorized Agent Signature (attach Agent Authorization)**	Date

**Pursuant to Section 17537.9 of the California Business and Professional Code.