



CLAUDE PARRISH
ORANGE COUNTY ASSESSOR
 500 S. Main Street, First Floor Suite 103
 Orange, CA 92868-4512
 or
 P.O. BOX 22000
 SANTA ANA, CA 92702-2000
 PHONE: (714) 834-2727
 FAX: (714) 834-3934
 www.ocgov.com/assessor

MULTI-FAMILY PROPERTY

REQUEST FOR INFORMAL ASSESSMENT REVIEW
(NO CHARGE TO FILE THIS REQUEST OR TO HAVE YOUR PROPERTY'S VALUE REVIEWED BY THE ASSESSOR)

IMPORTANT: THIS FORM MUST BE FILED BY APRIL 30, 2020

The information you provide will be considered in our review and valuation of your property. If the market value of the property on January 1, 2020, was lower than your Proposition 13 assessed value, you may receive a temporary reduction in taxable value for the upcoming year.

MAIL TO:

Orange County Assessor, Attention: Real Property, P.O. Box 22000, Santa Ana, CA 92702-2000.
For assistance, please call (714) 834-2727.

CONTACT INFORMATION

PROPERTY INFORMATION

Owner's Name:	Parcel Number(s):
Daytime Phone Number:	Primary Property Address:
Do you have a Property Tax Agent representing you? Yes <input type="checkbox"/> No <input type="checkbox"/>	City:
If yes, Agent's Name:	Total # Units:
Agent's Daytime Phone Number: Ext:	# Units Vacant as of Jan. 1, 2020:
	Opinion of Market Value as of Jan. 1, 2020 \$

The following documentation is required for the above referenced property:

1. Rent Roll to include unit number, square feet, rental rate, rent start date, concessions.
2. Income and Expense Statement, most recent 12 months.

COMPARABLE SALES INFORMATION

APN	Address	Sale Price	Sale Date	% Occupied	# Parking Spaces	Description & Value of Any Rent Concessions
		\$				
		\$				
		\$				

IMPORTANT: You may be notified of the results of this review on your Property Value Notice in July 2020 or your property tax bill. If you disagree with the valuation of your property, you may file an assessment appeal with the Clerk of the Board. The filing period is July 2, 2020 to November 30, 2020.

AUTHORIZED AGENT: I hereby authorize the Property Tax Agent listed above to act as my agent to file this application (if applicable).

SIGNATURE:

_____ Signature of Property Owner Date

All correspondence related to this review will be mailed to the address we have on file.

ASSESSOR USE ONLY

<input type="checkbox"/> ECA Warranted \$	Remarks:
<input type="checkbox"/> Hold	
<input type="checkbox"/> No ECA	Appraiser: Date: