



County of Santa Cruz

SEAN SALDAVIA, ASSESSOR
701 OCEAN ST., Rm. 130, SANTA CRUZ, CA 95060
(831) 454-2002 FAX: (831) 454-2495
www.co.santa-cruz.ca.us/asr

Jessie Mudgett
Chief Deputy-Administration
Patrick Rooney
Chief Deputy-Valuation

Request For Reappraisal

As property owner(s) of Parcel No. _____ located at _____

I (we) request a review of the current assessment for the following reasons:

In support of such request, the following information is required:

ACQUISITION DATE: _____

NEW CONSTRUCTION DATA:

Purchase price _____

Contract price _____

Purchased ___ Through a broker ___ Direct from seller

Contractor _____

___ Other Additions/Deletions since purchase _____

Completion Date _____

Additional costs, i.e. pool, out buildings, etc. \$ _____

*** If this is an income producing property attach a current income and expense statement.**

OWNERS OPINION OF PROPERTY'S FULL VALUE IS: _____

I hereby declare under penalty of perjury:

1. I paid the property taxes for the period involved;
2. The information stated in this Request For Reappraisal is true and correct; and
3. this form is intended to satisfy all of the requirements of the Revenue and Taxation Code Section 5097 for a claim for refund of property taxes.

Signed: _____ Dated this _____ day of _____, 20 _____,

At _____,

Appointment Phone: Work _____ Home _____

e-mail _____

IMPORTANT: THIS IS NOT AN APPLICATION FOR FORMAL ASSESSMENT APPEAL. FORMS FOR FILING A FORMAL APPEAL ARE AVAILABLE AT THE CLERK OF THE BOARD OF SUPERVISORS' OFFICE, 701 OCEAN ST., ROOM 500, SANTA CRUZ, CA. 95060 OR CALL (831) 454-2326.