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.ocassessor.gov

SINGLE-FAMILY PROPERTY

CHECK THE BOX THAT BEST DESCRIBES THIS PROPERTY

☐ Single Family ☐ Condo ☐ Townhouse

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, 202**
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, 202 , 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:
	Property Address:
Daytime Phone Number:	City:
Do you have a Property Tax Agent representing you? Yes ☐ No ☐	Date of Purchase:
If yes, Agent's Name:	Your Purchase Price: $
Agent's Daytime Phone Number: **Ext:**	Your Opinion of Value as of January 1, 202 $

*Please provide Comparable Market Data Information - **Comparable Sales or listings of similar properties in your area.** Include any additional information on a separate sheet that you feel is relevant to the above comparable properties.

COMPARABLE PROPERTY INFORMATION*

Sale or Listing	**Parcel Number** (if known)	**Address**	**Sale Date** (no later than 3/31/202) if applicable	**Sale or Listing Price**	**Additional Information**
1				$	
2				$	
3				$	

IMPORTANT: You may be notified of the results of this review on your Property Value Notice in July 202 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, 202 to November 30, 202 .

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

☐ *ECA Warranted $*	***Remarks:***
☐ *Hold*	
☐ *No ECA*	***Appraiser:*** ***Date:***

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS