



**TOM J. SLAVICH, COUNTY ASSESSOR**

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DATE STAMP
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**Application for "Decline-in-Value" Review  
 Reassessment (Prop. 8) - Residential Properties**

**Please complete all sections of this form including the back side**

Section 51 of the California Revenue and Taxation Code authorizes the Assessor to lower the value of any real property where the assessed value is **greater** than the current market value as of the January 1 lien date. If you have evidence that the value of your property as of January 1 is less than the current assessed value, please provide the information requested below and return this application to the Assessor's Office. **Applications for decline-in-value received after November 30th will be considered for the next tax year.** It is the goal of the Assessor's Office to review all timely filed applications and notify applicants of the findings as quickly as possible.

**Applications filed before November 30th are also eligible for an assessment appeal with the Assessment Appeals Board. Assessment appeal applications are available from the Clerk of the Board at 831-636-4000.**

<b>IMPORTANT:</b> You should keep a copy of this application for your records and as a reminder to file an assessment appeal if you do not receive the Assessor's findings before November 30th.	<b>HAVE YOU FILED AN APPEAL WITH THE CLERK OF THE BOARD</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>Section 1. Property Information</b>				
Assessment No.:	_____		Parcel No.:	_____
Name:	_____		Daytime Telephone: ( ____ )	_____
Property Address:	_____		_____	_____
	Street		City	Zip code
Mailing Address:	_____		_____	_____
	Street		City/State	Zip code
E-mail Address:	_____			
Your opinion of value as of <b>January 1</b> :	\$ _____	Current taxable value:	\$ _____	

**Please complete Section 2 on the back of this form.**

Summary Information:	<b>Assessor's Use Only</b>
<input type="checkbox"/> Additional info required by _____	<input type="checkbox"/> Advised of Results _____
<input type="checkbox"/> No action required / No new info	<input type="checkbox"/> Referred to Appraiser _____
<input type="checkbox"/> Action required / Additional info provided	<input type="checkbox"/> Other, See report

**Section 2**

**Comparable Market Data Information**

**Section 2. Comparable Market Data Information**

To assist in your review, please provide sufficient data to support your opinion of value. Please provide information on recently listed or sold properties that are similar to yours. **Attach additional sheets as necessary.** Sales dates of comparable properties should not be after March 31 of the year in question.

**Sales after March 31 of the year in question cannot be considered due to Section 51 of the California Revenue and Taxation Code**

**Comparable Sales:**

Sale or Listing	Address/Location of property.	Sale/Listing Price	Sale/Listing Date	Characteristics of Property (Bdrm/Bath count, Res sqft, Lot Size, etc.)
1				
2				
3				
4				

**Section 3. Additional Information/Comments (optional) or attach additional information as needed.**

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**Section 4. Signature**

**Your property taxes are still due by the delinquent date** printed on the bill from the Tax Collector. The filing of an assessment review or an assessment appeal does not alter or delay the date taxes are due. The Tax Collector will add interest and penalties to the amount you owe if your payment is late.

**I have read and understood the statement above. I agree to allow the Assessor's staff to inspect the property, including the interior of any improvements, if necessary. (An Appraiser will call to set up an appointment.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Agent, etc.)

\_\_\_\_\_  
Date