



DAN GOODWIN, VENTURA COUNTY ASSESSOR
800 S. Victoria Avenue, Ventura, CA 93009-1270
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<http://assessor.countyofventura.org>

REQUEST FOR "DECLINE IN VALUE" REVIEW

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 market value of your property as of **January 1, 2009**, was less than the assessed value as shown on your 2008/09 annual property tax bill, please provide the information below and return this Request to the Assessor's Office by **December 31, 2009**. Our staff will review the value and notify you by mail of the results. 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 still must be paid timely. 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 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. **Applications for the January 1, 2009, lien date will not be available until July 2, 2009.**

If you have not received a response to this informal Request from our office by July 30, 2009, or do not agree with the response, you must file a timely Application for Changed Assessment by November 30, 2009, 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, 2009: _____

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

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