



# County of Santa Cruz

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## Request for Decline in Value Review Commercial Properties

Return completed form **by mail** to address listed above or **by email** to [assessor@santacruzcountyca.gov](mailto:assessor@santacruzcountyca.gov).

Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REQUIRED SUPPORTING INFORMATION

My opinion of the market value as of January 1<sup>st</sup>, 2024 is \$ \_\_\_\_\_

Has the subject property been listed for sale in the past 3 years?  No  Yes, list price \$ \_\_\_\_\_

Have you had an appraisal of this property within the last 3 years?  No  Yes - please provide a copy.

Note: In lieu of completing any portion of this form, you may attach all of the following:

- 3 years historical income and expense statements.
- Rent roll and CAM reconciliation (including terms, escalations, tenant improvements, concessions and rent type)

### LEASE INFORMATION

| Space No. | Name of Tenant | Size of Space in Sq. Ft. | Monthly Rent | Month & Year            |                   | Expenses Paid by Tenant (please check) |                      |              |           |           |       |  |
|-----------|----------------|--------------------------|--------------|-------------------------|-------------------|--|----------------------|--------------|-----------|-----------|-------|--|
|           |                |                          |              | Beginning Date of Lease | End Date of Lease | Exterior Maintenance                   | Interior Maintenance | Property Tax | Insurance | Utilities | Other |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |
|           |                |                          |              |                         |                   |  |                      |              |           |           |       |  |

CONTINUES ON REVERSE

Other Income:

(Please include all sources of income not included in monthly rent. This includes parking, late fees, utility reimbursement, or income from percentage of sales lease clauses.)

| Income Source | Amount | Frequency (Monthly/Yearly) | Comments |
|---------------|--------|----------------------------|----------|
|               |        |                            |          |
|               |        |                            |          |
|               |        |                            |          |
|               |        |                            |          |
|               |        |                            |          |
|               |        |                            |          |

If the property were 100% occupied, what would be the monthly gross rental \$ \_\_\_\_\_

Total number of rentable area / spaces: \_\_\_\_\_

Average vacancy rate over the past three years: \_\_\_\_\_

**Annual Expenses Paid by the Owner – Last 3 Year**

| Year                   | 2023 | 2022 | 2021 |
|------------------------|------|------|------|
| Administration         |      |      |      |
| Insurance              |      |      |      |
| Janitorial             |      |      |      |
| Landscape, Parking Lot |      |      |      |
| Management             |      |      |      |
| Repairs & Maintenance  |      |      |      |
| Security               |      |      |      |
| Tenant Improvements    |      |      |      |
| Utilities:             |      |      |      |
| Other:                 |      |      |      |
| Other:                 |      |      |      |
| Other:                 |      |      |      |
| <b>TOTAL EXPENSES</b>  |      |      |      |

REMARKS OR OTHER INFORMATION YOU WISH FOR US TO CONSIDER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of owner or agent\*

\_\_\_\_\_  
Date

*\*Agents filing on behalf of a property owner must submit a signed agent authorization agreement with this request.*