

County of Santa Cruz

SHERI THOMAS, ASSESSOR 701 OCEAN STREET, Rm. 130, SANTA CRUZ, CA 95060 (831) 454-2002 www.santacruzcountyca.gov/asr Lori Fleet
Chief Deputy-Valuation
Claudia Cunha
Chief Deputy-Administration

Request for Decline in Value Review Residential Properties

(For residential properties of 2 or less units)

Return completed form by mail to address listed above or by email to assessor@santacruzcountyca.gov.

ame: Assessor's Parcel Number:			
Property Address:			
E-mail Address:	Phone Number:		
per Section 51 of the California	Property shall not exceed its market value as of the January 1 lien date Revenue and Taxation Code. If you have evidence that the value of ess than its assessed value, please provide the information requested		
• • •	erty as of January 1, 2024 by making comparisons to similar properties 2024. This may require a visit to the property.		
Required Su	pporting Information		
My opinion of the market value as	of January 1 st , 2024 is \$		
If your opinion of value is h	nt tax bill or notice of valuation \$ igher than the assessed value on your most recent tax bill, you are not tion 51 of the R & T code. Please contact us to discuss your situation.		
Has the subject property has been	recently listed for sale? No Yes, list price \$		
Have you had an appraisal of this I	property within the last 3 years? No Yes - please provide a copy.		
Property use: Owner-occupied	home Rental Property Vacant Land Other		
Does this property have an ADU?	No Yes		
	es, updates, remodeling, additions, or alterations since it was purchased?		

(CONTINUES ON REVERSE)

Comparable Market Data Information

Comparable properties must have sold no later than March 31st, 2024. Properties should be of similar size & quality, land size, location and age.

Sale	Address	Sale Date** (mm/dd/yy)	Price	Description*
1			\$	
2			\$	
3			\$	

^{*} Number of bedroom and bathrooms, size and proximity to subject

Other considerations

Remarks or any other information you wish for us to consider. If there are unique problems with the subject property, please describe and provide a contractor's estimate of the cost to cure:					
I certify (or declare) that the foregoing and all informa documents, is true and correct to the best of my know	tion hereon, including any accompanying statements or ledge and belief.				
Signature of owner or agent*	Date				

Your Right to a Formal Appeal

In addition to filing this claim, you have the right to formally appeal the value of your property by filing an appeal application with the county Assessment Appeals Board (AAB), an independent body established to resolve differences of opinion in property value between the Assessor and property owners. For the 2024 regular assessment roll (January 1, 2024 tax lien date), an appeal may be filed from July 2, 2024 through November 30, 2024. You may file an appeal without waiting for a response to this Prop. 8 claim or if you disagree with the Assessor's decline-in-value findings. You may withdraw your appeal, without penalty, for any reason. Request an appeal application from the Assessment Appeals Board after July 1, 2024 by calling 831-454-2323 or visit their website at www.co.santa-cruz.ca.us/Departments/ClerkoftheBoard.aspx.

^{**} Sale dates provided can be any time prior to January 1st, 2024, or up to March 31st, 2024.

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