

**DONALD E. WILLIAMSON
ASSESSOR
COUNTY OF SAN BERNARDINO
172 W. THIRD ST
SAN BERNARDINO, CA 92415-0310
<http://www.sbcounty.gov/assessor/>**

APPLICATION FOR "DECLINE IN VALUE" REASSESSMENT (PROP. 8)

Under California law, the taxable value of real property is the lesser of its base year value, compounded annually by an inflation factor (not to exceed 2%) or its full value on the lien date, January 1. This allows the Assessor to take into account reductions in value due to damage, destruction, depreciation, obsolescence, removal of property, or other factors causing a decline in value.

If you have evidence to indicate the full value of your property on the last lien date (January 1) was less than the assessed value, please complete the information requested below and return this application to your local Assessor's Office. You will be notified by mail of the results of our review.

If you disagree with the Assessor's decision regarding this application, you will have the right to file an Assessment Appeal.

Please be aware this application applies only to "Declines in Value". If your disagreement is with a reassessment made by this office, your rights to appeal were explained in the notice previously mailed to you.

YOUR PROPERTY

Assessor's Parcel Number: _____

Name: _____

Mailing Address: _____

NOTE: Please check this box if you want your Mailing Address changed as indicated above.

City: _____

Property Address: _____

Daytime Telephone No. (between 8:00 a.m. & 5:00 p.m.) _____

Your Opinion of Value as of January 1: _____

Current Assessment as of January 1: _____

Your Purchase Price: _____ Date of Purchase: _____

Is property income producing? Yes ____ No ____

If yes, include rent/lease information, expenses, income, etc.

Please provide any other information that would help the Assessor in reviewing the value of your property. If you have specific comparable sales you would like considered, listings from realtors, a recent appraisal from a lender or a private appraiser, condition of the property, please attach or list on the back of this form.

SIGNATURE: _____

DATE: _____