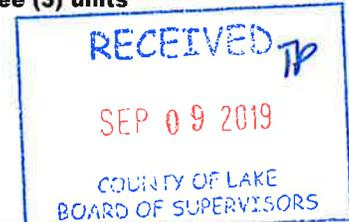


**ASSESSMENT APPEAL APPLICATION**

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of hearing. Failure to provide information at the hearing appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

**Non-refundable processing fee to be paid at time of filing.**  
**\$35 for residential property up to three (3) units**  
**\$100 for all other property types**

**RETURN TO:**  
**COUNTY OF LAKE**  
**CLERK OF THE BOARD**  
**255 N. FORBES STREET**  
**LAKEPORT, CA 95453**



APPLICATION NUMBER: Clerk Use Only  
 18-2019

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
 RACHYNSKIY VLADIMIR

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
 583 CALVADOS AVE

CITY SACRAMENTO STATE CA ZIP CODE 95815 DAYTIME TELEPHONE (916) 502-7268 ALTERNATE TELEPHONE ( ) FAX TELEPHONE ( )

EMAIL ADDRESS  
 E.RACHYNSKIY@GMAIL.COM

**2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)**

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)  
 YEVGENIY RACHYNSKIY

COMPANY NAME

EMAIL ADDRESS

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
 583 CALVADOS AVE

CITY SACRAMENTO STATE CA ZIP CODE 95815 DAYTIME TELEPHONE (916) 502-7268 ALTERNATE TELEPHONE ( ) FAX TELEPHONE ( )

**AUTHORIZATION OF AGENT**  AUTHORIZATION ATTACHED

The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

ATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE TITLE DATE

**3. PROPERTY IDENTIFICATION INFORMATION**

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

**ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL**

ASSESSOR'S PARCEL NUMBER 039191040000 ASSESSMENT NUMBER 990089038000 FEE NUMBER

ACCOUNT NUMBER TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION 3670 LOCUST ST CLEARLAKE CA 95422 DOING BUSINESS AS (DBA), if appropriate

**PROPERTY TYPE**  SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX  AGRICULTURAL  POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_  MANUFACTURED HOME  VACANT LAND

COMMERCIAL/INDUSTRIAL  WATER CRAFT  AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES  OTHER: \_\_\_\_\_

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	25,000	5,500	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL			
PENALTIES (amount or percent)			

5. TYPE OF ASSESSMENT BEING APPEALED  Check only one. See instructions for filing periods

REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR

SUPPLEMENTAL ASSESSMENT

\*DATE OF NOTICE: 7-11-2019 ROLL YEAR: 2018

ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT

\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_

\*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application

6. REASON FOR FILING APPEAL (FACTS)

See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE

The assessor's roll value exceeds the market value as of January 1 of the current year.

B. CHANGE IN OWNERSHIP

1. No change in ownership occurred on the date of \_\_\_\_\_.

2. Base year value for the change in ownership established on the date of 4-27-2018 is incorrect.

C. NEW CONSTRUCTION

1. No new construction occurred on the date of \_\_\_\_\_.

2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.

3. Value of construction in progress on January 1 is incorrect.

D. CALAMITY REASSESSMENT

Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.

1. All personal property/fixtures.

2. Only a portion of the personal property/fixtures. Attach description of those items.

F. PENALTY ASSESSMENT

Penalty assessment is not justified.

G. CLASSIFICATION/ALLOCATION

1. Classification of property is incorrect.

2. Allocation of value of property is incorrect (e.g., between land and improvements).

H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.

1. Amount of escape assessment is incorrect.

2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER

Explanation (attach sheet if necessary) ASSESSED VALUE EXCEEDS MARKET VALUE

7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per \_\_\_\_\_ )

Sales price not accepted.

Are requested.  Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

Yes  No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE

J. R. K.

SACRAMENTO CA

9-5-2019

(Please Print)

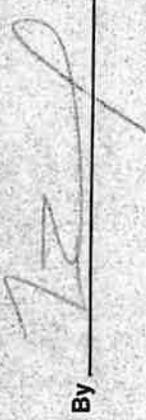
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED

CORPORATE OFFICER OR DESIGNATED EMPLOYEE

County of Lake  
Lakeport, California  
Department: 1012  
Received of RACHYNSKY Vladimir  
thirty-five dollars  
Detail of Deposit ASSESSMENT APPEAL App Fee  
Dollars

Receipt N 13733339  
Date 9-9-19  
\$ 35.00

CASH   
CHECK  250  
OTHER   
By 

VOLODYMYR RACHYNSKY  
SVETLANA RACHYNSKA  
(916) 487-7907  
3876 AUBURN BLVD APT 3  
SACRAMENTO, CA 95821

250  
9-9-19  
Date  
Pay to the Order of County of Lake  
thirty five & 00/100  
Dollars \$ 35.00

Security  
Details on  
Back

citibank  
CITIBANK (WEST) FSB BR. #919  
2885-A MARCOIN AVE  
SACRAMENTO, CA 95861

For Assessment appeal  
1:321171184: 040019761358 0250  
MP

© HARLAND 2002