

34287 LAK

BOE-305-AH (P1) REV. 08 (01-15)

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 the hearing. Failure to provide information at the hearing the 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.

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Ireland, Ross (te) & Evelyn (te)MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
351 Montair DrCITY
Danville CASTATE
CAZIP CODE
94526DAYTIME TELEPHONE
() ()ALTERNATE TELEPHONE
() ()FAX TELEPHONE
() ()**2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT If applicable - (REPRESENTATION IS OPTIONAL)**NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
WISEGARVER & ASSOCIATES, INC.

EMAIL ADDRESS

LT@wisegarver.com

COMPANY NAME

WISEGARVER & ASSOCIATES, INC.

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)
LYNNE THORPMAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
9909 HUENNEKENS STREET SUITE 225CITY
SAN DIEGOSTATE
CAZIP CODE
92121-2927DAYTIME TELEPHONE
(800) 455-9025ALTERNATE TELEPHONE
() ()FAX TELEPHONE
(800) 650-2265**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.

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE

SEE ATTACHED

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

043-270-22-00

ASSESSMENT NUMBER

FEE NUMBER

ACCOUNT NUMBER

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

5146 Swedberg Rd, Lower Lake CA 95457

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

\$530,460

IMPROVEMENTS/STRUCTURES

\$340,199

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES & VINES

OTHER

TOTAL

\$870,659

\$800,000

PENALTIES (amount or percent)

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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

RECEIVED

NOV 26 2018

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

APPLICATION NUMBER: Clerk Use Only

24-2018

EMAIL ADDRESS