BOE-305-AH (P1) RZV. 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 aformation 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.

Non-refundable processing fee to be paid at time of filling.
\$35 for residential property up to three (3) units RECEIVED

\$100 for all other property types

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET LAKEPORT. CA 95453 __ DEC 1 7 2018

COUNTY OF LAKE BOARD OF SUPERVISORS

continuance of the hearing or denial of the attach hearing evidence to this applicat		ORT, CA 95453	APPLICATION NU	MBER: Clerk Use Only
1. APPLICANT INFORMATION - PLEASE PRINT			38-2018	
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BE			EMAIL ADDRESS MISVA WON	et@yahoo.com
MAILING ADDRESS OF APPLICANT (STREET ADDRESS	D		1	
CHYLODEN VALLEY LAK	E STATE ZIPGODE 467	(929 260 160	ALTERNATE TELEPH	()
2. CONTACT INFORMATION - AGENT, A		OF APPLICANT if app	· · · · · · · · · · · · · · · · · · ·	ENTATION IS OPTIONAL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIR	ST MIDDLE INITIAL)		EMAIL ADDRESS	
COMPANY NAME				
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INTITAL)			
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX))	T		
"HIDDEN VALUEY LAKE	STATE ZIP CODE	(925) 260 TO	2 ALTERNATE TELEPH	ONE FAX TELEPHONE ()
AUTHORIZATION OF AGENT The following information must be comp attorney as indicated in the Certification applicant is a business entity, the agent	oleted (or attached to this a n section, or a spouse, ch t's authorization must be s	ild, parent, registered signed by an officer o	uctions) unless the I domestic partner r authorized emple	, or the person affected. If the oyee of the business.
	on agreements, and other			
IIGNATURE DE APPLICANTI OFFICER, OR AUTHORIZED	EMPLOYEE	OMNER		12/17/18
3. PROPERTY IDENTIFICATION INFORM Yes No Is this property a single ENTER APPLICABLE NUMBER FROM Y	e-family dwelling that is occupie		fresidence by the own $0 - 000$	ner?
ASSESSOR'S PARCEL NUMBER	ASSESSMENT NUMBER	96-000	FEE NUMBER	
ACCOUNT NUMBER	TAX BILL NUMBER			
PROPERTY ADDRESS OR LOCATION UD	HIDDEN VALLE	Y LX CA 95	DOING BUSINESS AS	S (DBA), if appropriate
PROPERTY TYPE ✓			_	
SINGLE-FAMILY / CONDOMINIUM / TOV		☐ AGRICULTURAL		POSSESSORY INTEREST
MULTI-FAMILY/APARTMENTS: NO. OF		☐ MANUFACTURED		VACANT LAND
☐ COMMERCIAL/INDUSTRIAL		☐ WATER CRAFT		AIRCRAFT
■ BUSINESS PERSONAL PROPERTY/FIX	TURES	OTHER:		
4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S	OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	147,87Le	147,87	6	
IMPROVEMENTS/STRUCTURES	113, 408	558,7	10	
FIXTURES	30			
PERSONAL PROPERTY (see instructions)				
MINERAL RIGHTS				
TREES & VINES				
OTHER				
TOTAL	921,284	106,6	100 64Ce	
PENALTIES (amount or percent)				