

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.**

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**

RECEIVED

NOV 25 2019

**COUNTY OF LAKE
BOARD OF SUPERVISORS**

APPLICATION NUMBER: Clerk Use Only

38-2019

1. APPLICANT INFORMATION - PLEASE PRINT

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

SAFeway INC

EMAIL ADDRESS

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

1371 OAKLAND BLVD #200

CITY WALNUT CREEK	STATE CA	ZIP CODE 94596	DAYTIME TELEPHONE ()	ALTERNATE TELEPHONE ()	FAX TELEPHONE ()
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2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)

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

DAVID L. GANGLOFF, JR.

E-MAIL ADDRESS

PTAAPPEALS@property-taxes.com

COMPANY NAME

PROPERTY TAX ASSISTANCE CO., INC.

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

BUSKIRK, DAVID B (BRENT)

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

16600 WOODRUFF AVE., SUITE 200

CITY BELLFLOWER	STATE CA	ZIP CODE 90706	DAYTIME TELEPHONE (562) 282-5926	ALTERNATE TELEPHONE (562) 282-5905 (Admin)	FAX TELEPHONE (562) 920-5775
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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

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	ASSESSMENT NUMBER 010-026-340-000	FEE NUMBER
ACCOUNT NUMBER	TAX BILL NUMBER	

PROPERTY ADDRESS OR LOCATION

14922 OLYMPIC DR CLEARLAKE

DOING BUSINESS AS (DBA), if appropriate

SAFeway INC #984

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	698,000	698,000	
IMPROVEMENTS/STRUCTURES	2,302,000	2,302,000	
FIXTURES	47,180	23,590	
PERSONAL PROPERTY (see instructions)	709,950	354,975	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	3,757,130	3,378,565	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: _____ ROLL YEAR: _____

☐ 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 _____ 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) _____**7. WRITTEN FINDINGS OF FACTS (\$ 00.00 per _____)**☐ 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)

BELLFLOWER, CA

DATE
NOV 07 2019

NAME (Please Print)

DAVID L. GANGLOFF, JR.

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
CLERK OF THE BOARD OF SUPERVISORS
 Courthouse – 255 North Forbes Street
 Lakeport, CA 95453
 Telephone (707) 263-2368
 Fax (707) 263-2207

COUNTY OF LAKE
AGENT'S AUTHORIZATION FORM

(A copy to be filed with each Assessment Appeal Application)

OWNER/ PROPERTY INFORMATION

Property Owner's Name SAFEWAY INC
 Property Owner's Mailing Address 1371 OAKLAND BLVD #200
 City/State/ZIP WALNUT CREEK, CA. 94596
 Property Address _____
 City/State/ZIP _____
 Assessor's Parcel Number (APN) ALL PROPERTY IN LAKE COUNTY

AGENT'S INFORMATION

Agent's Name & Company PROPERTY TAX ASSISTANCE CO., INC.
 Agent's Mailing Address 16600 WOODRUFF AVE #200
 City/State/ZIP BELLFLOWER, CA. 90706
 Phone Number: (562) 920-1864 ot (562) 282-5905 (Admin)
 Email: PTAAPPEALS@property-taxes.com

AUTHORIZATION

The above named agent is hereby authorized to act as the agent for the property listed above and may sign and file applications, inspect Assessor's records, enter into stipulation, and otherwise settle issues relating to this property for the 2019/2020 tax year. Agent will provide client with a copy of the appeals application for the above Parcel Number(s). The above named agent also has full authority to handle all assessment matters with the Office of the Assessor and/or the Lake County Local Board of Equalization.

Property Owner's Signature Jana Bohman
 Property Owner's Printed Name JANA BOHMAN
 Company/Ownership (if applicable) SAFEWAY INC
 Title (if applicable) DIRECTOR TAX

LAKE COUNTY 2019 - 2020 PROPERTY TAX BILL
Barbara C. Ringen, Treasurer - Tax Collector
255 N. Forbes Street, Room 215, Lakeport, CA 95453, (707) 263-2234
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2019 - JUNE 30, 2020

09/19/2019
3:24:08PM

PROPERTY INFORMATION		IMPORTANT MESSAGES
ASMT NUMBER:	010-026-340-000 TAX RATE AREA: 002019	Original bill date 07/22/2019
ORIG ASMT:	010-026-340-000 ACRES: 3.32	
FEE NUMBER:	010-026-340-000	
LOCATION:	14922 OLYMPIC DR	
DBA SAFEWAY # 984 1371 OAKLAND BLVD STE 200 WALNUT CREEK CA 94596		

COUNTY VALUES, EXEMPTIONS, AND TAXES				
PHONE #	DESCRIPTION	PRIOR	CURRENT	BILLED
ASSESSOR: (707) 263-2302	LAND	0	698000	698000
VALUE/EXEMPTION	FIXED IMPROVEMENTS	0	47180	47180
ADDRESS CHANGES		0	0	0
AUDITOR: (707) 263-2311	STRUCTURAL IMPROVEMENTS	0	2302000	2302000
TAX RATES/REFUNDS	PERSONAL PROPERTY	0	709950	709950
COLLECTOR: (707) 263-2234		0	0	0
PAYMENT INFORMATION		0	0	0
		0	0	0
	NET TAXABLE VALUE			3757130
	VALUES X TAX RATE PER \$100 0.000000			0.0000

VOTER APPROVED TAXES / TAXING AGENCY DIRECT CHARGES & SPECIAL ASSESSMENTS / FEES				
PHONE #	CODE	DESCRIPTION	ASSESSED VALUE	TAX RATE / 100 = TAX AMOUNT

PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG	PHONE #	DESCRIPTION	DIR CHRG
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PENALTY & COST		0.0000	AGENCY TAXES DIRECT CHARGES FEES		0.0000
AGENCY TAXES + DIRECT CHARGES + FEES + PENALTY + COST + DELINQUENT PENALTIES					\$0.00
1st INSTALLMENT \$0.00		2nd INSTALLMENT \$0.00		TOTAL TAXES	
DELINQUENT AFTER 12/10/2019		DELINQUENT AFTER 04/10/2020		\$0.00	

LAKE COUNTY SECURED PROPERTY TAXES - 2ND INSTALLMENT PAYMENT STUB	
ASMT NUMBER: 010-026-340-000 TAX YEAR: 2019	MAKE CHECK PAYABLE TO:
ORIG ASMT: 010-026-340-000	Lake County Tax Collector
FEE NUMBER: 010-026-340-000	255 N. Forbes Street, Room 215
LOCATION: 14922 OLYMPIC DR	Lakeport, CA 95453

DBA SAFEWAY # 984
1371 OAKLAND BLVD STE 200
WALNUT CREEK CA 94596

2ND

DELINQUENT AFTER 04/10/2020 (INCLUDES 10% PENALTY OF \$0.00 AND \$0.00 COST) \$0.00

0100263400002201980000000000002000000000000020198

CUT HERE

LAKE COUNTY SECURED PROPERTY TAXES - 1ST INSTALLMENT PAYMENT STUB	
ASMT NUMBER: 010-026-340-000 TAX YEAR: 2019	MAKE CHECK PAYABLE TO:
ORIG ASMT: 010-026-340-000	Lake County Tax Collector
FEE NUMBER: 010-026-340-000	255 N. Forbes Street, Room 215
LOCATION: 14922 OLYMPIC DR	Lakeport, CA 95453

DBA SAFEWAY # 984
1371 OAKLAND BLVD STE 200
WALNUT CREEK CA 94596

1ST

DELINQUENT AFTER 12/10/2019 (INCLUDES 10% PENALTY OF \$0.00 AND \$0.00 COST) \$0.00
TO PAY TOTAL TAXES, RETURN BOTH STUBS BY 12/10/2019 \$0.00

0100263400002201980000000000001000000000000020198



PROPERTY TAX ASSISTANCE CO., INC.

Sent Via Delivery Confirmation # 9405 5036 9930 0169 5763 15

November 20, 2019

Lake County
AAB Clerk
255 N. Forbes Street
Lakeport, CA 95453

Dear Clerk of the Board:

Enclosed please find the Assessment Appeal Application(s) for the 2019 tax year, filed on behalf of the following client(s):

SAFEWAY INC (2)

Your assistance is greatly appreciated. Please call with any questions or concerns.

Cordially,

A handwritten signature in blue ink, reading "Margaret Everitt", is written over a horizontal line.

Margaret Everitt
Administrative Assistant - Appeals
(562) 282-5905
PTAAppeals@Property-Taxes.com

Enclosure: Check #38962

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

P

Property Tax Assistance Co., Inc.

16600 Woodruff Avenue #200
Bellflower, CA 90706-4916
(562) 920-1864

Bank of the West
Lakewood, CA
562) 565-6720
90-4284/1222

38962

11/14/2019

PAY TO THE ORDER OF County of the Lake COB

\$**200.00

Two Hundred and 00/100*****

DOLLARS

PROTECTED AGAINST FRAUD

County of the Lake COB
255 N. Forbes Street
Lakeport, CA 95453

Void after 90 days

MEMO

Filing Fees (2) Safeway

⑈038962⑈ ⑆122242843⑆ 676034499⑈

County Of Lake
Lakeport, California

Department: 1012

Receipt No. 1373386

Date 11/25/19

Received of Property Tax Assistance Co. Inc. \$ 200-
Assessment Application Fee (2)) → two hundred dollars 00/100 Dollars
Detail of Deposit

CASH ☐

CHECK ☒

OTHER ☐

38962

By [Signature]