Brett Frazier, ASSESSOR



FORM AO-025 Prop 8 Request Apr 23 2009

## **Madera County Assessor's Office** 200 West 4<sup>th</sup> Street

200 West 4<sup>th</sup> Street Madera, California 93637 Phone (559) 675-7710 Fax (559) 675-7654

Date					
Owners Name:		Property Addres	s:		
Mailing Address:		Assessor Parcel Number:			
City, State, Zip:					
Dear Madera County Property Owner:					
	CLINE IN VALUE A DATE TO FILE TH		•		
You recently requested an informal review conducted in accordance with Revenue facilitate this process, please indicate you support the sales information or current listing information you know about the sales or appraisal of your property, and note the preceding the assessment year in question.	and Taxation Code Second of the currer of the currer s form the basis for your listings in the spaces preason you obtained the	ction 2611.6 (j) nt market value ur opinion? Plea provided below. ne appraisal. Co	(1), 75.31 (c) of of the property.  ase list the address Please attach as omparable sales	ess and any other a copy of any recent scannot be after March 31	
Addresses or APNs of Comparable Properties	City	Sale Date	Sale Price	Name of Realtor	
Please indicate any condition of your pro	operty that might affect	its value.			
Please return this form to us within thirty of your property. The intent of this proce the Proposition 13 assessed value. I will determination of value, please contact myou may file an appeal for the 2024-202 Board, but no later than November 30, 2 a response to this request. You may obt 675-7700, or obtain them online at					