2026-2027 Request for "Decline in Value" Review (Proposition 8)

California Revenue and Taxation Code Section 51 authorized the Assessor to **temporarily** lower the taxable value of any real property when the assessed value is greater than the market value as of the January 1st lien date. If you have evidence that the market value of your property as of **January 1, 2026,** was less than the assessed value, please provide the information below and return this request to the Assessors' Office by **December 31, 2026.** Our staff will review the value and notify you by mail of the results. If you have any questions, please contact our office at (530)283-6380.

Please complete the information and return this application with your *supporting documentation to the address listed above. Sign and date the application. We may need to contact you by telephone for additional information. Tax bills received must be paid. If this review results in a reduction in value, you will receive a refund for the difference in value.

PLEASE BE AWARE THAT THIS APPLICATION APPLIES ONLY TO "DECLINES IN VALUE". IF YOU DISAGREE WITH A RE-ASSESSMENT MADE BY THIS OFFICE, YOUR RIGHTS TO APPEAL WERE EXPLAINED IN THE NOTICE PREVIOUSLY MAILED TO YOU.

"*" Required Information

*Assessors' Parcel Number: _____

*Your Name: _____

*Mailing Address: _____

*City: _____

*Property Address: _____

*Property Address visit appointment Date & Time: _____

(Please feel free to contact our office at 530/283-6380 should you have any questions.)

*Daytime Telephone (8:00 am - 5:00 pm) _____E-mail address: _____

*Your Opinion of the January 1st Value: _____

Supporting Documentation:** ***Please provide any information that pertains to the value of your property ranging from January 1, 2025 through March 31, 2026. This MUST INCLUDE MARKET SALES COMPARABLES, an appraisal that considers data from within the above time frame, listings, written value estimates from realtors with supporting documentation, repair permits, or information on the condition of this property. AT LEAST THREEE COMPARABLES ARE REQUIRED. Please attach them to the back of this form. Per California Revenue and Taxation Code 402.5, we will only accept market sales comparables that are prior to March 31, 2026. Incomplete requests will be returned for the necessary supporting documentation. Your help is appreciated.

Current Assessed Value as of January 1st: _____

Your Purchase Price: _____Date of Purchase: _____

Is property income producing? Yes:☐ No:☐ If yes, include rent/lease, expenses, income, etc.

Property Type: Residential☐ Commercial☐ Agricultural☐ Other (describe) _____

Should you disagree with the Assessors' findings resulting from this application, you have formal appeal rights pertaining to your original assessment if an Application for Changed Assessment is filed timely. To obtain an Application, you may download it from the Assessors website or you will need to contact the Clerk of the Assessment Appeals Board at (530)283-6170. **PLEASE NOTE:** The Assessment Appeal Filing period is from **July 2 through November 30, 2026.** Protect your appeal rights. Appeals must be postmarked by the deadline regardless of the status of this separate "Decline in Value Review".

***SIGNATURE:** _____ ***DATE:** _____

Under penalty of perjury, I declare the foregoing statements and any information provided with this application are true, correct and complete to the best of my knowledge and belief.