

**EXCHANGE OF INFORMATION FOR APPLICATION FOR CHANGED ASSESSMENT**

*To be filed when requesting or replying to a request for an exchange of information regarding the opinion of value on the property being appealed. Mail or fax to the Clerk of the Board at the address shown.*

Submit Form in One of the Following Ways:  
 E-MAIL: [taxappeal@placer.ca.gov](mailto:taxappeal@placer.ca.gov)  
 FAX: (530) 889-4099  
 MAIL: 175 Fulweiler Ave., Auburn, CA 95603

Questions: Appeals Clerk (530) 889-4020

**EXCHANGE OF INFORMATION**

**REQUEST FOR INFORMATION ACCORDING TO THE PROVISIONS OF REVENUE AND TAXATION CODE SECTION 1606 AND PROPERTY TAX RULE 305.1**

PRINT NAME OF APPLICANT		HEARING DATE (IF KNOWN)
APPLICATION NUMBER(S)		APPLICATION YEAR
PARCEL NUMBER	ACCOUNT OR TAX BILL NUMBER (if applicable)	

At the time of filing an *Application for Changed Assessment*, or at least 30 days prior to the hearing, the taxpayer has the right to request information from the Assessor regarding the case to be presented regardless of the assessed value of the property. The Assessor may request such information when the assessed value of the property exceeds \$100,000. This exchange of information may assist both parties in understanding the basis for their differing opinions of value and methodology of the valuation. At the hearing, evidence can be introduced only on matters so exchanged unless the other party consents thereto.

Upon receipt of the request for an exchange of information, the other party must provide the information no later than 15 days before the hearing. If the requested information is not submitted in a timely manner, the board may grant a postponement of the hearing to allow extra time to produce the information. If the board finds that there is willful noncompliance, the hearing may commence as originally scheduled, and the non-complying party may comment on evidence presented by the requesting party but may not introduce other evidence unless the other party consents to it.

1. INFORMATION SUPPORTING THE BASIS OF YOUR OPINION OF VALUE (i.e. listing of your property, repair estimates, other documents that support your opinion of value.)

DOCUMENTATION SUPPORTING YOUR OPINION OF VALUE IS:  PROVIDED BELOW  IN THE ATTACHMENTS

2. COMPARABLE SALES THAT OFFER SUPPORT FOR THIS APPLICATION

ASSESSOR'S REFERENCE NO.	ADDRESS	CITY	SALE DATE	SALE PRICE

3. IF THE INCOME APPROACH IS USED, PLEASE PROVIDE INFORMATION RELATING TO INCOME, EXPENSES, AND THE CAPITALIZATION METHOD IN THE SPACE PROVIDED BELOW OR IN AN ATTACHMENT.

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4. IF THE REPLACEMENT COST APPROACH IS USED, PLEASE PROVIDE DATA RELATING TO DATE OF CONSTRUCTION, TYPE OF CONSTRUCTION, REPLACEMENT COST OF CONSTRUCTION, OBSOLESCENCE, ALLOWANCE FOR EXTRAORDINARY USE OF MACHINERY AND EQUIPMENT, AND DEPRECIATION ALLOWANCES IN THE SPACE PROVIDED BELOW OR IN AN ATTACHMENT.

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PLEASE CHECK AS APPLICABLE AND SIGN BELOW

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I am the initiating party and hereby set forth the above information. I  have  have not requested this exchange of information at least 30 days prior to the hearing.

I am the responding party and hereby set forth the above information. I  have  have not responded to an exchange of information request at least 15 days prior to the hearing.

SIGNATURE ▶	DATE
PRINT NAME OF AUTHORIZED SIGNER	TITLE
COMPANY NAME	EMAIL ADDRESS

FILING STATUS  
 OWNER  AGENT  ATTORNEY  SPOUSE  REGISTERED DOMESTIC PARTNER  CHILD  PARENT  PERSON AFFECTED  
 CALIFORNIA ATTORNEY, STATE BAR NUMBER: \_\_\_\_\_  CORPORATE OFFICER OR DESIGNATED EMPLOYEE

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