

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

To be filed when requesting or replying to a request of information regarding the opinion of value on the property being appealed. Mail, fax, or email to the Clerk of the Board at:

COUNTY OF NEVADA
ASSESSMENT APPEALS BOARD
950 Maidu Avenue, Suite 200
Nevada City, CA 95959

fax: (530) 265-9836
email: clerkofboard@nevadacountyca.gov



COUNTY OF NEVADA
State of California
ASSESSMENT APPEALS BOARD
(Board of Supervisors Office)

Gerald R. Bushore, Chair
James Rees, Vice Chair
Steven Hurley, Member
Nicole Phillips, Alternate
Vacant, Alternate
Jeffrey Thorsby, Chief of Staff/ Clerk of the Board

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)
TYPE OF ASSESSMENT	APPLICATION YEAR
APPLICATION NUMBER(S)	
PARCEL NUMBER/ACCOUNT OR TAX BILL NUMBER	

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 on 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. If NONE, state NONE.)

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EXCHANGE OF INFORMATION

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.

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.

PLEASE CHECK AS APPLICABLE AND SIGN BELOW

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

SIGNATURE

DATE

PRINT NAME OF AUTHORIZED SIGNER

TITLE

COMPANY NAME

EMAIL ADDRESS

FILING STATUS

OWNER AGENT SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
 CORPORATE OFFICER OR DESIGNATED EMPLOYEE ATTORNEY CALIFORNIA ATTORNEY STATE BAR NUMBER _____