

WOODBIDGE FIRE PROTECTION DISTRICT

FORM #U-1: NOTICE OF APPEAL OF SPECIAL TAX ASSESSMENT (RESOLUTION #20-06)

GENERAL INSTRUCTIONS FOR COMPLETING THIS FORM

1. You must use this Form U-1 to appeal the special tax assessed under Measure U (Resolution #20-06).
2. The deadline for submitting this Form to file an appeal is December 1st of the calendar year for which the tax is levied. You may submit this Form in person, or by mail, in accordance with the instructions attached to this Form. Please note that your appeal will not be considered if this Form is not received in-person by close of business (5:00 p.m.) on December 1st; or received by mail post-marked December 1st; of the calendar year in which the tax is levied.
3. Your appeal may be denied if this Form is submitted in an incomplete manner, or if requested documents supporting the Form are not provided.
4. When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent, or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the District. The District may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.
5. Appellants must attach a copy of the property tax bill at issue to this Form.
6. If applying for a Building Square Footage Correction, you must contact the San Joaquin County Assessor's office, 44 N San Joaquin Street, Suite 230, Stockton, CA, (209) 468-2630 and provide all documentation or proof. The Assessor's Office will provide the Fire District approval for an adjustment.
7. Appellants must attach any other supporting documents they wish to have considered to this application. Any supporting documents that are not attached will not be considered.
8. Questions regarding this Form or the appeal process may be directed to the Fire District's Administrator at 209-369-1945.

SECTION I: APPELLANT INFORMATION

Property Owner's Name:			
Physical Address of Property :			
City:	State: CA	ZIP Code:	Phone Number:
Email:			
Property Owner (or Authorized Representative) Mailing address (<i>if different from physical address of property</i>):			
City:	State:	ZIP Code:	Phone Number:
Assessor's Parcel Number (<i>from your property tax bill</i>):			

SECTION II: APPEAL TYPE

<input type="checkbox"/>	Building Square Footage Correction
<input type="checkbox"/>	Calculation of the Amount of Tax
<input type="checkbox"/>	Other (<i>please explain</i>) : _____

SECTION III: REASON WHY YOU ARE REQUESTING A CORRECTION:

Please complete and return the completed application and supporting documents to the Woodbridge Fire Protection District, Attn: Measure Notice of Special Tax Appeal, 400 E. Augusta St, Woodbridge, CA 95258, by December 1st of the current calendar year.

Under penalty of perjury, I hereby declare that this appeal and the accompanying documents are true, correct, and complete to the best of my knowledge and belief, and that I am (check one) the owner of the property or person affected (i.e. person having direct economic interest in the payment of the taxes on the property) – the “appellant”; an agent authorized by the appellant to submit this appeal on the appellant’s behalf; or an attorney licensed to practice law in the state of California, State Bar No. _____, who has been retained by the appellant and has been authorized by that person to file this appeal. .

Signature of Applicant/Authorized Representative

Date

(Check box if applicable): I give the Woodbridge Fire District permission to access my property for physical inspections in support of this appeal.

(Check box if applicable): I do not give the Woodbridge Fire District permission to access my property for physical inspections in support of this appeal.

I have attached the property tax bill at issue to this form.

I understand and acknowledge that my refusal to provide any requested information in connection with this appeal, or my refusal to allow access to the property at-issue, will result in my appeal being assessed without that information and based only on the information the District otherwise has before it for consideration. I understand that this may impact the District’s ability to modify its initial assessment, and that my appeal may therefore be denied.

Signature of Applicant/Authorized Representative

Date

OFFICE USE ONLY:		
Name:	Date Received:	
Property Tax Bill: Yes No (Please circle)	Supporting Documents: Yes No (Please circle)	
Appeal Status: Approved, Denied, Waiting	If not approved, was property owner contacted : Yes No	
Date Contacted:	Outcome:	Follow-up: Yes No
Refund Requested: Yes No	Date of Request:	
Refund Issued: Yes No	Date Completed:	