



CHRISTINA WYNN
SACRAMENTO COUNTY ASSESSOR

Real Property Division
3636 American River Drive, Suite 200
Sacramento, CA 95864-5952
Phone (916) 875-0700
<https://assessor.sacounty.gov>

REQUEST FOR INFORMATION

This request for information is being made by the assessor pursuant to the authority granted by Revenue and Taxation Code section 441(d). This provision requires you to comply.

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address.)

[] []
[] []

DATE OF REQUEST		DUE DATE FOR REQUESTED INFORMATION		
STREET ADDRESS OR PHYSICAL LOCATION OF THE PROPERTY		CITY	STATE	ZIP
ASSESSOR'S PARCEL NUMBER(S)				
ACCOUNT NUMBER(S)/ASSESSMENT NUMBER(S)				
EVENT DATE(S)		EVENT TYPE(S)		

SEE ENCLOSURE FOR THE LIST OF INFORMATION SPECIFICALLY BEING REQUESTED. IF YOU ARE UNCERTAIN AS TO WHAT INFORMATION IS BEING REQUESTED OR NEED MORE TIME TO COMPLY WITH THE REQUEST, PLEASE CONTACT THE ASSESSOR'S OFFICE EMPLOYEE WHOSE NAME AND CONTACT INFORMATION APPEAR ON THE ENCLOSURE.

Is this request being made in conjunction with an assessment appeal hearing?

NO

YES If yes, please complete the following:

Assessment Appeal Application number(s), if assigned: _____

Applicant: _____

Hearing date, if scheduled: _____

Type(s) of assessment(s) being appealed: _____

Various provisions in the Revenue and Taxation Code grant assessors the authority to obtain information to fulfill their assessment duties. This request for information is made pursuant to the authority granted by Revenue and Taxation Code section 441, subdivision (d), which states:

(1) At any time, as required by the assessor for assessment purposes, every person shall make available for examination information or records regarding their property or any other personal property located on premises they own or control. In this connection details of property acquisition transactions, construction and development costs, rental income, and other data relevant to the determination of an estimate of value are to be considered as information essential to the proper discharge of the assessor's duties.

(2) (A) Upon written request of an assessor, the assessee or the assessee's designated representative shall transmit the information or records described in paragraph (1) by mail, or in electronic format if the information or records are available in electronic format or have been previously digitized. This paragraph shall not be construed or interpreted to limit the assessor's authority to also examine information or records described in paragraph (1).

(B) Information or records requested pursuant to this paragraph shall be transmitted within a reasonable time period.



(3) (A) This subdivision shall also apply to an owner-builder or an owner-developer of new construction that is sold to a third party, is constructed on behalf of a third party, or is constructed for the purpose of selling that property to a third party.

(B) The owner-builder or owner-developer of new construction described in subparagraph (A), shall, within 45 days of receipt of a written request by the assessor for information or records, provide the assessor with all information and records regarding that property. The information and records provided to the assessor shall include the total consideration provided either by the purchaser or on behalf of the purchaser that was paid or provided either, as part of or outside of the purchase agreement, including, but not limited to, consideration paid or provided for the purchase or acquisition of upgrades, additions, or for any other additional or supplemental work performed or arranged for by the owner-builder or owner-developer on behalf of the purchaser.

Please read the enclosure carefully, as the assessor may also request information authorized under other provisions of law, as set forth in the enclosure. All information requested by the assessor or furnished in the property statement shall be held secret by the assessor pursuant to Revenue and Taxation Code section 451.

If the assessor has checked the box "YES" indicating that this request is being made in conjunction with an assessment appeal hearing, based on the information you provide, the assessor may arrive at a value conclusion that is satisfactory to you. If this occurs, the assessor will make a recommendation to the assessment appeals board that your assessed value be changed to that value. However, if you still do not agree with the recommended value, a hearing will proceed.

If you do not comply with this request, or provide only a portion of the information requested, your hearing may proceed as scheduled or it may be delayed or the assessment appeals board may schedule a prehearing conference to be held in advance of your hearing. If you do not provide the requested information to the assessor before the hearing or the prehearing conference (if scheduled), you will have an opportunity to explain to the assessment appeals board members or hearing officer why you have not complied with the request for information, and they will decide whether to hold the hearing without the information, whether to postpone or continue the hearing in order to give you time to comply with the request, whether to postpone or continue the hearing so that a subpoena can be issued, or whether any other action should be taken by the assessor or by the assessment appeals board.

If you appear at the hearing and introduce any information that had been requested under Revenue and Taxation Code section 441(d) and was not provided to the assessor, the assessor is entitled to a continuance of the hearing to examine the new information.

If you do not comply with this section 441(d) request, you may be asked to appear before the Superior Court. (See Revenue and Taxation Code section 468.) Please also be advised that noncompliance or the making of a false statement with regard to the request may subject you to criminal misdemeanor penalties. (See Revenue and Taxation Code sections 461 and 462.)

For more information about the assessment appeal process, including how to obtain information from the assessor, please see the State Board of Equalization's Assessment Appeals Manual at:

<http://www.boe.ca.gov/proptaxes/asmappeal.htm>





Sacramento County
Office of the Assessor
 Christina Wynn, Assessor
 Jarret Stedifor, Assistant Assessor

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ADDENDA TO CHANGE IN OWNERSHIP REPORT

Date _____

Business
Name _____

Parcel
Number _____

Mailing
Address _____

Physical Location in Sacramento County _____

The Office of the Assessor has received your Preliminary Change of Ownership Report and requests additional information on your income producing property. Forms may be returned by mail or email at assessor@saccounty.net. Fillable forms are located on our website listed above.

COMPLETE AND RETURN WITHIN 20 DAYS

Condition of property at time of transfer New Good Average Poor (Explain "Poor" in remarks section on reverse)

Estimated cost of urgent structural repairs and/or renovation: _____

Was the property purchased from a friend or relative? Yes No

Did a real estate broker represent the seller? Yes No

Name of Broker _____

Broker Contact Information (Phone, Email) _____

What, in your opinion, is the current market value of this property? _____

Have you listed or offered this property for sale since its purchase? Yes No

Asking price: _____ Date: _____

COMPLETE SECTION "A" FOR COMMERCIAL/INDUSTRIAL TENANCIES &/OR SECTION "B" IF MULTI-RESIDENTIAL OR MIXED-USE

A: RENT ROLL / SCHEDULE FOR COMMERCIAL/INDUSTRIAL ONLY

Please complete the following Rent Schedule or attach a copy of your current rent schedule. Indicate vacancies under "NAME OF TENANT" and provide square footage. Indicate in the remarks section on reverse if rent includes personal property, fixtures, or equipment. If rent is a percentage of gross sales or income, indicate which and provide the percentage in the "RENT AS A %" column.

NAME OF TENANT	SQ. FT. OF UNIT	MO. & YR. OF LEASE		MONTHLY RENT	RENT AS A %	TAX CLAUSE BASE YR	EXPENSES PAID BY TENANT (CHECK✓)						
		From	To				MAINT		R.E. TAXES	INSUR	UTIL	OTHER	
							EXT	INT					

What was your anticipated stabilized vacancy at time of purchase? _____ % (Report expenses in Section "C" on the reverse side)

What is your standard allowance for tenant improvements (\$ Per SF -- amount or range)? _____

REMARKS SECTION ON REVERSE

PLEASE SIGN AND DATE BACK OF STATEMENT

B. RENT ROLL / SCHEDULE FOR MULTI-RESIDENTIAL ONLY

PLEASE COMPLETE THE RENT SCHEDULE AS OF THE DATE OF PURCHASE (include owner or manager – occupied units)

No. UNITS	TYPE OF UNIT			MO RENT		COMMENTS (Special Features)	STATUS	
	BEDROOMS	BATH	ROOMS	UNF \$	FURN \$		OCCUPIED	VACANT
Have above scheduled rents been increased since your purchase? _____%, or proposed _____%								
Anticipated Other Income (Laundry, Commercial Space, Vending Machines, etc.) \$_____ Monthly								
#	PARKING RENTALS @		\$_____	=	PARKING TOTAL \$_____		\$_____	Monthly
Service & Utilities included in Rent (Indicated by a "✓") Heat____ Cooling____ Gas____ Electricity____ Water____ Garbage____								

C. ANNUAL OPERATING EXPENSES (or OPERATING STATEMENT)

What were your anticipated annual income and expenses at the time of purchase? Provide prior owner's actuals if available. (For reporting purposes - expenses do not include interest expense, amortization, depreciation, or the urgent repairs and/or renovation listed on the front)

- See attached copy of actual income & expense statement and/or anticipated income & expense statement; OR
- Please see itemized income and expenses below. If actual, for what time period? _____

INCOME	Actual	Anticipated	Line Item Comments
Gross Scheduled Rents (Potential or Actual)			
Parking/Other Income (Subject to Vacancy)			
Vacancy & Collection Loss (Deduction)			
Effective Gross Income (Collections)			
Plus Other Income (Laundry, Reimbursements)			
TOTAL INCOME			
EXPENSES			
Management (Prof. Services)			
Payroll / Onsite Manager / Administrative			
Marketing / Promotion / Leasing Commissions			
Utilities			
Repairs & Maintenance			
Contracted Services / Janitorial / Elevator			
Property Taxes			
Insurance			
Reserve for Replacements			
TOTAL EXPENSES			
NET OPERATING INCOME			

D. PERSONAL PROPERTY (Indicate the value of any personal property and/or intangibles included in the sales price or the transfer.)

Furniture, Equipment and/or Built-in Appliances \$ _____

Business Enterprise Value / Other Intangibles \$ _____

REMARKS:

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

Signature of Owner or Lessee

Date

Daytime Telephone Number

Print Name

E-mail Address