

**APPLICATION FOR ASSESSMENT REVIEW**  
Los Angeles County Regional Park and Open Space District

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**1. Taxpayer's information**

*Print the information of the party that has paid, is paying, or will pay the subject assessment or assessments (Taxpayer). Refunds resulting from the assessment review will be issued to the Taxpayer.*

\_\_\_\_\_  
Taxpayer's name

\_\_\_\_\_  
Contact person (optional)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

( \_\_\_\_\_ ) \_\_\_\_\_

Phone number

\_\_\_\_\_  
Ext.

( \_\_\_\_\_ ) \_\_\_\_\_

Fax number (optional)

\_\_\_\_\_  
E-mail address (optional)

**2. Applicant's information**

*If the party handling the assessment review (Applicant) is the Taxpayer, print "SAME AS ABOVE" for Applicant's name and continue to the next section. Otherwise, print the Applicant's information and submit a completed authorization of tax agent (any application submitted by an unauthorized party is invalid). Correspondence on the assessment review will be sent to the Applicant.*

\_\_\_\_\_  
Applicant's name

\_\_\_\_\_  
Contact person (optional)

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

( \_\_\_\_\_ ) \_\_\_\_\_

Phone number

\_\_\_\_\_  
Ext.

( \_\_\_\_\_ ) \_\_\_\_\_

Fax number (optional)

\_\_\_\_\_  
E-mail address (optional)

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**3. Assessment information**

*Print the information for each assessment for which a review is being requested; attach additional pages as needed. The assessor's identification number is the first ten digits of the number listed at the top-right corner of property-tax bills, under "ASSESSOR'S ID NO."*

**A.** \_\_\_\_\_  
Assessor's identification number                      Subject fiscal year(s)

\_\_\_\_\_  
Basis for review

**B.** \_\_\_\_\_  
Assessor's identification number                      Subject fiscal year(s)

\_\_\_\_\_  
Basis for review

**4. Certification of payment of taxes**

*The Taxpayer, or the Taxpayer's authorized representative, must certify the statement below, or certify a separate statement stating which subject assessments have not been paid and why.*

I hereby certify and declare under penalty of perjury that (a) I am the Taxpayer or, if the Taxpayer is an entity, that I am duly authorized to act on behalf of the Taxpayer; and (b) the Taxpayer has paid in full all subject assessments identified in this application, except for any amounts not currently due.

\_\_\_\_\_  
Taxpayer or representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer's name

\_\_\_\_\_  
Title of representative (if applicable)

**5. Request for review**

*The Applicant is to complete this section.*

I hereby request that the Los Angeles County Regional Park and Open Space District review the subject assessment or assessments and issue any refunds to the Taxpayer.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's name