

HOPLAND FIRE PROTECTION DISTRICT
Mendocino, California

APPEALS APPLICATION FOR SPECIAL TAX CORRECTION

GENERAL INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. The deadline for filing for a correction for Measure X is June 30th of the current fiscal year.
2. The applicant should complete Section I, Section II, and Section III of this form.
3. The application must be signed by the applicant or an authorized representative. A representative must attach a notarized power of attorney.
4. A copy of the current property tax bill must be attached to the application.
5. If applying for a Building Square Footage Correction, the Mendocino County – ‘Property Characteristic Change Form – Owner Requested’ confirmed by the County Assessor must be attached.
6. Please attach any other supporting documents to the application.
7. Questions regarding the appeal application may be directed to the Hopland Fire Protection, Appeals Processing at 707-744-1222

SECTION I: APPLICANT INFORMATION

Property Owner’s Name:			
Physical Address of Property :			
City: Alameda	State: CA	ZIP Code:	Phone Number:
Mailing address (if different from physical):			
City:	State:	ZIP Code:	Phone Number:
Assessor’s Parcel Number (from your property tax bill):			

SECTION II: APPEAL TYPE (PLEASE CHECK ONE)

	Parcel Use and/or number of structures
	Building Square Footage Correction
	Other (please explain) : _____

SECTION III: REASON WHY YOU ARE REQUESTING A CORRECTION:

Please complete and return the completed application and supporting documents to the Hopland Fire Protection, Attn: Measure X Appeals Processing, P.O. Box 463, Hopland CA 95449, by June 30 of the current fiscal year.

Under penalty of perjury, I hereby declare that this application and the accompanying documents are true and correct to the best of my knowledge.

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)	
Application 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:	