CLERKS FOR:
Board of Supervisors
Air Pollution Control Board
Air Pollution Control District Hearing Board
Assessment Appeals Board
City Selection Committee
Campaign Finance Ethics Commission
Fire Protection District Board of Appeals

BRIAN PALMER
Chief Deputy Clerk of Board
800 S. Victoria Avenue, L#1920
Ventura, CA 93009
Phone: (805) 654-2251
Fax: (805) 677-8711
www.countyofventura.org/cob

MICHAEL POWERS
CLERK OF THE BOARD OF SUPERVISORS

Electronic Submission of Application for Changed Assessment

Speed up your Assessment Appeal process by registering to electronically-file Applications for Changed Assessment where you may create an on-line personal profile, store appeal information, and file within the appropriate appeal filing period paper-free. You can file one or multiple applications for as long as your registered information is current.

- Start by creating your Online Profile at: http://apps.countyofventura.org/COBPublic/assessment/
- Submit the "Electronic Submission of Application for Changed Assessment" form, either by mail or in person, containing your original signature (no copies accepted).
- Once the Clerk of the Assessment Appeals Board validates your form is accurate and complete an e-mail containing a PIN number will be sent to you immediately.
- Once you have obtained your PIN number, you may enter appeal information and when you are ready to file, click the "Submit Completed Form" and enter your personal PIN number. You can also store your application information in advance prior to submitting the form, even before the start of the filing period.

An e-mail confirming you successfully filed your Applications for Changed Assessment will be sent to you.

If you have any questions, please call the Ventura County Clerk of the Assessment Appeals Board at (805) 654-2251 or email aabclerk@ventura.org.

Sincerely,

Brian Palmer,
Chief Deputy Clerk of the Board

ELECTRONIC SUBMISSION OF APPLICATION FOR CHANGED ASSESSMENT

Clerk of the Assessment Appeals Board
800 South Victoria Avenue
Ventura, CA 93003-1920
Phone: (805) 654-2251
Fax: (805) 677-8711
E-Mail: aabclerk@ventura.org
Website: www.ventura.org/cob/aab

First Name:_____ Middle Initial:_____
(PRINT NAME of authorized signer/ agent)

Last Name:_____

Agency / Company Name:_____
(If applicable)

Mailing Address:_____
(Street Address, Suite, Apt #, P.O. Box)

City:_____ State:_____ Zip:_____

Phone: _____ Alternate Phone:_____

E-Mail:_____

User Type: ( ) Owner ( ) Agent ( ) Attorney ( ) Person Affected
Check only one
( ) Spouse ( ) Registered Domestic Partner ( ) Parent ( ) Child

Login Name:_____
(please print the login name you would like to use; up to 10 characters)

You are entirely responsible for maintaining the confidentiality of your password and account. Furthermore, you are entirely responsible for any and all activities that occur under your account. You agree to notify the Ventura County Clerk of the Assessment Appeals Board immediately of any unauthorized use of your account or any other breach of security. The Ventura County Clerk of the Assessment Appeals Board will not be liable for any loss that you may incur as a result of someone else using your password or account, either with or without your knowledge. However, you could be held liable for losses incurred by the Ventura County Clerk of the Assessment Appeals Board or another party due to someone else using your account and password. You may not use anyone else's account at any time.

I _____ declare under penalty of perjury under the
(PRINT NAME of authorized signer)

laws of the State of California that the foregoing is true and correct, and belief that:

(1) I am the owner of the property or person affected (i.e., a person having a direct economic interest in the payment of the taxes on property which I will submit Applications for Changes Assessment – "the applicant"), or

(2) I am the individual authorized by the applicant(s) to act on their behalf to file Applications for Changes Assessment, inspect records and settle issues relating to their Application for Changes Assessment, or

(3) I am an attorney licensed to practice law in the State of California, State Bar No._____ and the individual who has been retained by the applicant(s) and has been authorized by these persons to file Applications for Changes Assessment.

By signing below, I accept the terms of this agreement as stated above:

_____ _____
Authorized Signer Date

FOR CLERK OF THE BOARD USE ONLY

Sent PIN confirmation on:_____ **Clerk:_____**