

**LESLIE MORGAN  
SHASTA COUNTY ASSESSOR-RECORDER  
1450 COURT STREET, SUITE 208-A  
REDDING CA 96001-1667  
TEL: (530)225-3600 FAX: (530)225-5673**

**REQUEST FOR REVIEW OF COMMERCIAL PROPERTY**

Applicant's Name \_\_\_\_\_ Assessor Parcel # \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Telephone Number (8am - 5pm) \_\_\_\_\_

Please provide the following information to our office for completion of review of taxable value:

- What is the monthly rental amount per unit? \_\_\_\_\_
- Any units owner occupied? \_\_\_\_\_
- If not rented, what is your anticipated total monthly rent? \_\_\_\_\_
- If there are any leases, what is the term including option periods? \_\_\_\_\_
- Who is responsible for the following expenses?

A.	Taxes	Landlord_____	Tenant_____
B.	Insurance	Landlord_____	Tenant_____
C.	Maintenance	Landlord_____	Tenant_____
D.	Utilities	Landlord_____	Tenant_____
E.	Other operating expenses (excluding debt service, interest, and depreciation)	Landlord_____	Tenant_____
- What were your (landlord's) total projected annual expenses of the above five items? \_\_\_\_\_

Any additional information you'd like to provide to assist with your review:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTICE:  
THIS IS NOT A FORMAL APPEALREQUEST.  
IF YOU ARE NOTSATISFIED WITH OUR  
REVIEW, PLEASE REQUEST A FORMAL  
APPEAL APPLICATION.**