

**ASSESSMENT APPEAL APPLICATION**

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

Please Return to:  
 701 Ocean Street, Room 520  
 Santa Cruz, CA 95060  
 Non-Refundable \$30 processing  
 fee due at time of filing

APPLICATION NUMBER: Clerk Use Only  
**079-17**

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS OR TRUST NAME  
**SAFeway STORES INC**

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)  
**1371 OAKLAND BLVD #200**

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
**WALNUT CREEK CA 94596 ( ) ( ) ( )**

**2. CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT if applicable - (REPRESENTATION IS OPTIONAL)**

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) E-MAIL ADDRESS  
**GANGLOFF, DAVID L. JR. PTAAPPEALS@PROPERTY-TAXES.COM**

COMPANY NAME  
**PROPERTY TAX ASSISTANCE CO., INC.**

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)  
**BUSKIRK, DAVID B (BRENT)**

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)  
**16600 WOODRUFF AVE., SUITE 200**

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
**BELLFLOWER CA 90706 (562) 282-5926 (562) 282-5905 (Admin) (562) 920-5775**

**AUTHORIZATION OF AGENT**  **AUTHORIZATION ATTACHED**

*The following information must be completed (or attached to this application - see instructions) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.*

*The person named in Section 2 above is hereby authorized to act as my agent in this application, and may inspect assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.*

SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EMPLOYEE TITLE DATE

**3. PROPERTY IDENTIFICATION INFORMATION**

Yes  No Is this property a single-family dwelling that is occupied as the principal place of residence by the owner?

**ENTER APPLICABLE NUMBER FROM YOUR NOTICE/TAX BILL**

ASSESSOR'S PARCEL NUMBER ASSESSMENT NUMBER FEE NUMBER

ACCOUNT NUMBER TAX BILL NUMBER  
**07318-00-3 877079**

PROPERTY ADDRESS OR LOCATION DOING BUSINESS AS (DBA), if appropriate  
**16 RANCHO DEL MAR APTOS SAFEWAY STORES INC #640**

**PROPERTY TYPE**

- SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX
- MULTI-FAMILY/APARTMENTS: NO. OF UNITS \_\_\_\_\_
- COMMERCIAL/INDUSTRIAL
- BUSINESS PERSONAL PROPERTY/FIXTURES
- AGRICULTURAL
- MANUFACTURED HOME
- WATER CRAFT
- OTHER: \_\_\_\_\_
- POSSESSORY INTEREST
- VACANT LAND
- AIRCRAFT

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
IMPROVEMENTS/STRUCTURES			
FIXTURES	293,937	146,969	
PERSONAL PROPERTY (see instructions)	785,961	392,981	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
<b>TOTAL</b>	<b>1,079,898</b>	<b>539,950</b>	
PENALTIES (amount or percent)			

5. TYPE OF ASSESSMENT BEING APPEALED  Check only one. See instructions for filing periods

REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR

SUPPLEMENTAL ASSESSMENT

\*DATE OF NOTICE: \_\_\_\_\_ ROLL YEAR: \_\_\_\_\_

ROLL CHANGE  ESCAPE ASSESSMENT  CALAMITY REASSESSMENT  PENALTY ASSESSMENT

\*DATE OF NOTICE: \_\_\_\_\_ \*\*ROLL YEAR: \_\_\_\_\_

*\*Must attach copy of notice or bill, where applicable \*\*Each roll year requires a separate application*

6. REASON FOR FILING APPEAL (FACTS) See instructions before completing this section.

If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:

A. DECLINE IN VALUE

The assessor's roll value exceeds the market value as of January 1 of the current year.

B. CHANGE IN OWNERSHIP

1. No change in ownership occurred on the date of \_\_\_\_\_.

2. Base year value for the change in ownership established on the date of \_\_\_\_\_ is incorrect.

C. NEW CONSTRUCTION

1. No new construction occurred on the date of \_\_\_\_\_.

2. Base year value for the completed new construction established on the date of \_\_\_\_\_ is incorrect.

3. Value of construction in progress on January 1 is incorrect.

D. CALAMITY REASSESSMENT

Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.

1. All personal property/fixtures.

2. Only a portion of the personal property/fixtures. Attach description of those items.

F. PENALTY ASSESSMENT

Penalty assessment is not justified.

G. CLASSIFICATION/ALLOCATION

1. Classification of property is incorrect.

2. Allocation of value of property is incorrect (e.g., between land and improvements).

H. APPEAL AFTER AN AUDIT Must include description of each property, issues being appealed, and your opinion of value.

1. Amount of escape assessment is incorrect.

2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER

Explanation (attach sheet if necessary) \_\_\_\_\_

7. WRITTEN FINDINGS OF FACTS ( \$ 60.00 per parcel )

Are requested.  Are not requested.

8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.

Yes  No

RECEIVED  
CLERK OF THE BOARD  
NOV 30 2017  
BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property - "The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar Number \_\_\_\_\_, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE (Use Blue Pen - Original signature required on paper-filed application)

SIGNED AT (CITY, STATE)

DATE



BELLFLOWER, CA

NOV 21 2017

NAME (Please Print)

DAVID L. GANGLOFF, JR.

FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)

- OWNER
- AGENT
- ATTORNEY
- SPOUSE
- REGISTERED DOMESTIC PARTNER
- CHILD
- PARENT
- PERSON AFFECTED
- CORPORATE OFFICER OR DESIGNATED EMPLOYEE



**SANTA CRUZ COUNTY**  
**2017-2018 UNSECURED PROPERTY TAX BILL**  
 For Fiscal Year beginning July 1, 2017 and ending June 30, 2018

ASSESSED OWNER AS OF JANUARY 1, 2017

Santa Cruz County Treasurer-Tax Collector  
 PO Box 1817  
 Santa Cruz, CA 95061



SAFEWAY #640  
 SAFEWAY STORES INC  
 1371 OAKLAND BL #200  
 WALNUT CREEK, CA 94596-8408

**IMPORTANT MESSAGES**

Electronic Check



Visit our website [www.co.santa-cruz.ca.us/ttc/](http://www.co.santa-cruz.ca.us/ttc/) to pay your bill. Elavon, the service provider, charges a fee for credit and debit card transactions. No fee for e-check.

- If you owned or had use of the described property on January 1, 2017 at 12:01 A.M., this tax is your responsibility. The disposal or moving of property from the county after the lien date does not relieve the assessee of tax liability.
- Failure to pay this bill by the due date will result in:
- Additional costs (including a \$100.00 transfer fee), penalties and interest being added, and
- A lien being recorded that can affect your credit for 10 years.

**PROPERTY INFORMATION**

ADDRESS OR DESCRIPTION OF PROPERTY

16 RANCHO DEL MAR APTOS

ACCOUNT NUMBER	BILL NUMBER	TAX RATE AREA
07318003	877079	69-273

**TAX DISTRIBUTION BY AGENCY**

**VALUES & EXEMPTIONS**

IMPROVEMENTS	\$293,937
PERSONAL PROPERTY	\$785,961
<b>TOTAL VALUE</b>	<b>\$1,079,898</b>
LESS EXEMPTION	
-None-	

**BASIC PROPERTY TAXES**

	<u>RATE</u>	<u>AMOUNT</u>
GENERAL TAX RATE	1.00000000%	\$10,798.98
2012 PAJARO VALLEY SCHOOL DISTRICT BOND	.02368800%	\$255.80
2013 PAJARO VALLEY SCHOOL DISTRICT BOND	.03013600%	\$325.44
1998 CABRILLO COMMUNITY COLLEGE BOND	.01019500%	\$110.06
2004 CABRILLO COMMUNITY COLLEGE BOND	<u>.02240200%</u>	<u>\$241.90</u>
<b>TOTAL BASIC PROPERTY TAXES</b>	<b>1.08642100%</b>	<b>\$11,732.18</b>
(adjusted for rounding)		

TOTAL TAXABLE VALUE \$1,079,898<sup>0%</sup>

TOTAL TAXES

\$11,732.18

**PHONE NUMBERS**

PAYMENTS	BUSINESS VALUATION
(831) 454-2510	(831) 454-2487
TAX RATE	BOATS & AIRPLANES
(831) 454-2009	(831) 454-2462

↑ DETACH HERE ↑

RETURN THIS STUB WITH YOUR PAYMENT

↑ DETACH HERE ↑

**SANTA CRUZ COUNTY UNSECURED TAX STATEMENT**

**2017-2018**

FISCAL YEAR JULY 1, 2017 TO JUNE 30, 2018

ADDRESSEE:	ACCOUNT NUMBER	BILL NUMBER	TAX RATE AREA
	07318003	877079	69-273
SAFEWAY #640			
SAFEWAY STORES INC			
1371 OAKLAND BL #200			
WALNUT CREEK, CA 94596-8408			

**PAY THIS AMOUNT ON OR BEFORE**

**August 31, 2017**

**\$11,732.18**

IF AFTER AUGUST 31, 2017

PAY: \$12,905.40

(Includes 10% Penalty)

IF AFTER SEPTEMBER 15, 2017

PAY: \$13,005.40

(Includes \$100 Collection Fee)

INTEREST OF 1.5% PER MONTH WILL BE  
 CHARGED STARTING NOVEMBER 1, 2017



MAKE CHECKS PAYABLE TO:  
**COUNTY TAX COLLECTOR**  
 PO BOX 1817  
 SANTA CRUZ, CA 95061-1817

**AUTHORIZATION OF AGENT/  
DESIGNATION OF ATTORNEY**

RECEIVED  
CLERK OF THE COUNTY

NOV 30 2017

BOARD OF SUPERVISORS  
COUNTY OF SANTA CRUZ

SANTA CRUZ County

May be filed with initial *Assessment Appeal Application* when naming an agent or when an agent or California attorney is being named when none was named in the initial application. Mail or fax the completed form to the Clerk of the Board at the address shown.

**APPLICANT AND PROPERTY INFORMATION**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL) EMAIL ADDRESS  
**SAFeway STORE**

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P.O. BOX)  
**1371 OAKLAND BLVD #200**

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
**WALNUT CREEK** **CA** **94596** ( ) ( ) ( ) ( ) ( ) ( )

SECURED ASSESSOR'S PARCEL NUMBER UNSECURED ACCOUNT OR TAX BILL NUMBER  
**ALL PROPERTY IN COUNTY OF SANTA CRUZ** **ALL PROPERTY IN COUNTY OF SANTA CRUZ**

**AUTHORIZATION OF AGENT**  **DESIGNATION OF CALIFORNIA ATTORNEY, STATE BAR NO.**

If the applicant is a corporation, limited partnership, or limited liability company, the authorization must be signed by an officer or authorized employee of the business entity.

NAME OF AGENT OR ATTORNEY EMAIL ADDRESS

COMPANY NAME  
**PROPERTY TAX ASSISTANCE CO., INC.**

MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)  
**16600 WOODRUFF AVE, STE 200**

CITY STATE ZIP CODE DAYTIME TELEPHONE ALTERNATE TELEPHONE FAX TELEPHONE  
**BELLFLOWER** **CA** **90706** **( 562 ) 920-1864** ( ) ( ) **( 562 ) 920-5775**

The above named person/company is hereby authorized to act as my agent in this application and may inspect Assessor's records, enter into stipulated agreements, and otherwise settle issues relating to this application or any Assessment Appeal Application in this county as indicated above.

APPLICANT SIGNATURE APPLICANT TITLE  
*Jana Bohleman* **DIRECTOR TAX**

APPLICANT NAME DATE  
**JANA BOHLEMAN** **11/6-17**

The remaining sections are required only when authorizing an agent. (Not required when designating a California attorney.)

**THIS AUTHORIZATION IS FOR CALENDAR YEAR:** 2017  
Calendar Year is January 1 through December 31. This authorization must be completed for the specific year in which the application is filed.

**CHECK AND INITIAL ONE**

The named agent is hereby authorized to file Assessment Appeal Application and transact all business relating to such filings on any and all assessments or property located within the county owned by this applicant.

*JB* Applicant must initial this statement.

The named agent is hereby authorized to file Assessment Appeal Application and transact all business relating to such filings on the specific property listed above or the specific properties identified in the Multiple Properties List (see page 2 of this authorization).

\_\_\_\_\_ Applicant must initial this statement.

**CERTIFICATION OF AGENT**

I am an agent for the applicant filing the initial Assessment Appeal Application. I hereby certify that a copy of the completed Assessment Appeal Application, attached to this authorization, has been forwarded to the applicant named in the application.

I have been retained as the agent for the applicant who has previously filed an Assessment Appeal Application.

If a copy of this form is being submitted, or the form is being submitted electronically, I will produce the original form with original signatures upon request or any action being requested will be denied.

PRINT AGENT NAME AGENT COMPANY NAME  
**DAVID GANGLOFF JR, CEO** **PROPERTY TAX ASSISTANCE CO., INC.**  
EMAIL ADDRESS  
**PTAAppeals@property-taxes.com**

CK  
37487

OFFICIAL RECEIPT

COUNTY OF SANTA CRUZ  
SANTA CRUZ, CALIFORNIA

No. **C 411237**

Date **Dec 8 2017**

Received from Property Tax Assistance Co Inc  
Address 16600 Woodruff Ave #200 Bellflower CA  
The Sum of one hundred eighty Dollars \$ 180<sup>00</sup>  
For AAB Processing fee (6 appeals)  
Acct / APNs: 07316-00-9, 07318-00-3, 07510-00-3  
07314-00-5 07319-00-0 and 07315-00-2  
App # 078-17 → #08317



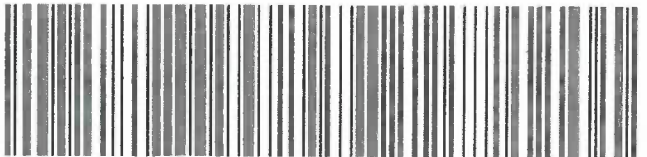
DEPARTMENT OR OFFICE

**COB**

By *Will*

AUD 32

ORIGINAL-TO PAYEE

 <b>UNITED STATES POSTAL SERVICE®</b>		<b>Click-N-Ship®</b>	
<b>P</b>	<i>usps.com</i> <b>\$6.65</b> <b>US POSTAGE</b> Flat Rate Env	9405 5036 9930 0136 0546 31 0066 5000 0039 5060 	
	11/27/2017	Mailed from 90706 062S0000001309	
<b>PRIORITY MAIL 2-DAY™</b>			
MARGARET EVERITT PROPERTY TAX ASSISTANCE CO, INC 16600 WOODRUFF AVE STE 200 BELLFLOWER CA 90706-4916		Expected Delivery Date: 11/30/17 <b>RECEIVED</b> <b>CLERK OF THE BOARD</b> <b>NOV 30 2017</b> <b>0006</b> <b>CLERK OF SUPERVISORS</b> <b>COUNTY OF SANTA CRUZ</b>	
Carrier -- Leave if No Response			
SHIP TO: A A B CLERK SANTA CRUZ COUNTY 701 OCEAN ST RM 520 SANTA CRUZ CA 95060-4015			
<b>USPS TRACKING #</b>			
			
9405 5036 9930 0136 0546 31			
Electronic Rate Approved #038555749			



# County of Santa Cruz

## CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

December 27, 2017

Property Tax Assistance, Inc.  
David L. Gangloff, Jr.  
16600 Woodruff Avenue, Suite 200  
Bellflower, CA 90706

Safeway Stores, Inc.  
1371 Oakland Blvd., Ste. 200  
Walnut Creek, CA 94596

### **NOTICE OF RECEIPT OF: APPLICATION FOR CHANGED ASSESSMENT**

APN/ACCT. NO. **07318-00-3**  
APPLICATION NO. **079-17**

Dear Applicant:

This notice is to advise you that the above referenced "Application for Changed Assessment" (Appeal) has been received/filed by the Clerk of the Board of Supervisors. Please retain this notice for future reference. Please use the application number listed above for any correspondence or phone calls to either the Clerk of the Board or the Assessor's Office.

Scheduled hearings are held on Mondays, 8:30 A.M. in the Board of Supervisors' Chambers, Room 525 (5th floor), 701 Ocean Street, Santa Cruz, California.

**You will be notified of the date of your hearing at least 45 days prior to that hearing.**

NOTE: STATE LAW REQUIRES THAT APPEALS BE RESOLVED WITHIN 2 YEARS FROM THE DATE OF THE FILING. PROPERTY TAXES SHOULD BE PAID WHEN DUE, TO AVOID POSSIBLE PENALTIES, EVEN IF AN APPEAL HAS BEEN FILED.

If you requested written "Findings of Fact" by checking Box #7 on the application form, you must pay the Clerk of the Board of Supervisors at the commencement of your hearing. The amount is \$60.00 per parcel. This document will not be prepared for you if the funds are not received on the date of your hearing.

**If you no longer wish to pursue this appeal, by withdrawing, please sign, date and return to the address at the top of this letter.**

I WISH TO WITHDRAW (CANCEL) THIS APPEAL

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_



# County of Santa Cruz

## CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 520, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

### ASSESSMENT APPEALS NOTICE OF HEARING

July 23, 2018

**Application Number 079-17**

**Parcel / Account Number/s 07318-00-3**

Property Tax Assistance, Co.  
David L. Gangloff, Jr.  
16600 Woodruff Avenue, Suite 200  
Bellflower, CA 90706

Safeway Stores, Inc.  
1371 Oakland Blvd., Ste. 200  
Walnut Creek, CA 94596

Dear Applicant:

Your Assessment Appeals Hearing has been **scheduled for Monday, September 17, 2018 at 8:30 a.m.**, County Government Center, 701 Ocean Street, Room 525, Board of Supervisors' Chambers, Santa Cruz, California.

The applicant shall appear personally at the hearing or may have an agent appear for the applicant. If you, or your agent, are unable to attend the hearing, a postponement must be requested from the Clerk no later than 21 days prior to the above hearing date. **If you, or your agent, do not appear the Board may deny your Application for lack of appearance.**

The Board does not provide language interpreter services. If you wish to use an interpreter, you must provide the interpreter for your hearing.

The Board is required to find taxable value of the property. The Board may grant your request for reduction, or the Board may increase the taxable value determined by the Assessor; thus, your assessment could be raised rather than lowered. The Board must base its decision only on the evidence presented at the hearing. Documents attached to your Application will not be considered. **If you wish the Board to review and consider any document(s), you must bring seven copies of the document(s) to your hearing.**

If you wish the Board to issue written "Findings of Fact" (see Section 7 on your "Application for Changed Assessment" form), you must pay a fee of \$60 per parcel. This fee must be paid at the beginning of the hearing; only checks or cash will be accepted. If the fee is not paid the written Findings of Fact will not be prepared.

If you wish to withdraw your "Application for Changed Assessment", please sign, date and return this letter to: Assessment Appeals Board, 701 Ocean Street, Room 520, Santa Cruz, CA 95060

PLEASE WITHDRAW MY APPLICATION

Signature \_\_\_\_\_

Date \_\_\_\_\_



# County of Santa Cruz

## CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TTY: call 711

ASSESSMENT APPEALS BOARD

August 24, 2018

Property Tax Assistance, Co.  
David L. Gangloff, Jr.  
16600 Woodruff Avenue, Suite 200  
Bellflower, CA 90706

Safeway Stores, Inc.  
1371 Oakland Blvd., Ste. 200  
Walnut Creek, CA 94596

### HEARING DATE CONFIRMATION NOTICE

For Your Assessment Appeals Application

**HEARING DATE: September 17, 2018**

**TIME: 8:30 A.M.**

**LOCATION: Board of Supervisors Chambers, 701 Ocean Street, Room 525, Santa Cruz, CA**

**APPLICANT: Safeway Stores, Inc.**

**APPLICATION NUMBER/S: 079-17**

**PARCEL/ACCOUNT NUMBER/S: 07318-00-3**

**PLEASE CHECK ONE OF THE ITEMS SHOWN BELOW:**

- (  ) I will be present on the scheduled hearing date.  
(  ) I have stipulated to an agreed reduction.  
(  ) I wish to withdraw my application.

I understand that if I, or my designated agent, do not appear at the scheduled hearing date and time, my application shall be denied for failure to appear. I also understand that I, or my designated agent, are required to bring seven copies of any document that I wish to have submitted into evidence and/or will be discussed during my hearing.

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name (printed)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**MUST BE RECEIVED AT THE ADDRESS ABOVE BY: September 12, 2018**