

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 08177
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1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS OR TRUST NAME SAFeway STORES INC					EMAIL ADDRESS	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) 1371 OAKLAND BLVD #200						
CITY WALNUT CREEK	STATE CA	ZIP CODE 94596	DAYTIME TELEPHONE () ()	ALTERNATE TELEPHONE () ()	FAX TELEPHONE () ()	

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL) GANGLOFF, DAVID L. JR.					E-MAIL ADDRESS 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 BELLFLOWER	STATE CA	ZIP CODE 90706	DAYTIME TELEPHONE (562) 282-5926	ALTERNATE TELEPHONE (562) 282-5905 (Admin)	FAX TELEPHONE (562) 920-5775	

AUTHORIZATION OF AGENT	<input checked="" type="checkbox"/> AUTHORIZATION ATTACHED	
<p><i>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.</i></p> <p><i>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.</i></p>		
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 07314-00-5	TAX BILL NUMBER 877551	
PROPERTY ADDRESS OR LOCATION 253 MT HERMON RD SCOTTS VALLEY		DOING BUSINESS AS (DBA), if appropriate SAFeway STORES INC #300

PROPERTY TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX | <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> POSSESSORY INTEREST |
| <input type="checkbox"/> MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ | <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> VACANT LAND |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> WATER CRAFT | <input type="checkbox"/> AIRCRAFT |
| <input checked="" type="checkbox"/> BUSINESS PERSONAL PROPERTY/FIXTURES | <input type="checkbox"/> OTHER: _____ | |

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
IMPROVEMENTS/STRUCTURES			
FIXTURES	199,578	99,789	
PERSONAL PROPERTY (see instructions)	532,534	266,267	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	732,112	366,056	
PENALTIES (amount or percent)			



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 081-17

Parcel / Account Number/s 07314-00-5

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 _____

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 SUPERVISORS
NOV 30 2017
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

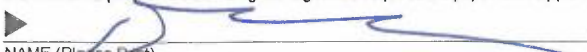
CERTIFICATION

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. *am*

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 #300
 SAFEWAY STORES INC
 1371 OAKLAND BL #200
 WALNUT CREEK, CA 94596-8408

IMPORTANT MESSAGES



Visit our website 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

253 MT HERMON RD SCOTTS VALLEY

ACCOUNT NUMBER	BILL NUMBER	TAX RATE AREA
07314005	877551	04-053

TAX DISTRIBUTION BY AGENCY

VALUES & EXEMPTIONS

IMPROVEMENTS	\$199,578
PERSONAL PROPERTY	\$532,534
TOTAL VALUE	\$732,112
LESS EXEMPTION	-None-
TOTAL TAXABLE VALUE	\$732,112

BASIC PROPERTY TAXES

	RATE	AMOUNT
GENERAL TAX RATE	1.00000000%	\$7,321.10
1998 CABRILLO COMMUNITY COLLEGE BOND	.01019500%	\$74.64
2004 CABRILLO COMMUNITY COLLEGE BOND	.02240200%	\$164.00
2013 REF SCOTTS VALLEY USD BOND	.03515900%	\$257.40
2014 A SCOTTS VALLEY GO BOND	.01604100%	\$117.44
TOTAL BASIC PROPERTY TAXES (adjusted for rounding)	1.08379700%	\$7,934.58
TOTAL TAXES		\$7,934.58

PHONE NUMBERS

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

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

↑ DETACH HERE ↑ **RETURN THIS STUB WITH YOUR PAYMENT** **SANTA CRUZ COUNTY UNSECURED TAX STATEMENT** **FISCAL YEAR JULY 1, 2017 TO JUNE 30, 2018** **2017-2018** ↑ DETACH HERE ↑

ADDRESSEE: ACCOUNT NUMBER 07314005 BILL NUMBER 877551 TAX RATE AREA 04-053
 SAFEWAY #300
 SAFEWAY STORES INC
 1371 OAKLAND BL #200
 WALNUT CREEK, CA 94596-8408

PAY THIS AMOUNT ON OR BEFORE
August 31, 2017
\$7,934.58

IF AFTER AUGUST 31, 2017
 PAY: \$8,728.04
 (Includes 10% Penalty)

IF AFTER SEPTEMBER 15, 2017
 PAY: \$8,828.04
 (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**

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.

RECEIVED
CLERK OFFICE

NOV 30 2017

SANTA CRUZ County

BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

APPLICANT AND PROPERTY INFORMATION

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

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

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

SPONSOR ASSESSORS PARCEL NUMBER UNSECURED ACCOUNT OF TAXBILL 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 DARTIME 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 **Jana Bohlman** APPLICANT TITLE **DIRECTOR TAX**

APPLICANT NAME **JANA BOHLMAN** DATE **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.

AGENT SIGNATURE PRINT AGENT NAME **DAVID GANGLOFF, JR., CEO**

AGENT COMPANY NAME **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 \$ 180⁰⁰
 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




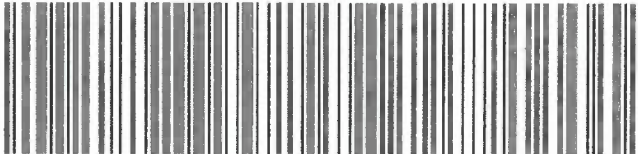
COB

DEPARTMENT OR OFFICE

By *Will*

AUD 32

ORIGINAL-TO PAYEE

 UNITED STATES POSTAL SERVICE®		Click-N-Ship®	
P	<small>usps.com</small> \$6.65 US POSTAGE <small>Flat Rate Env</small>	<small>9405 5036 9930 0136 0546 31 0066 5000 0039 5060</small>	
		<small>11/27/2017</small>	<small>Mailed from 90706 062S0000001309</small>
PRIORITY MAIL 2-DAY™			
MARGARET EVERITT PROPERTY TAX ASSISTANCE CO, INC 16600 WOODRUFF AVE STE 200 BELLFLOWER CA 90706-4916		<small>Expected Delivery Date: 11/30/17</small> RECEIVED CLERK OF THE BOARD NOV 20 2017 0006	
Carrier -- Leave if No Response			
SHIP TO: A A B CLERK SANTA CRUZ COUNTY 701 OCEAN ST RM 520 SANTA CRUZ CA 95060-4015			
USPS TRACKING #			
			
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. **07314-00-5**
APPLICATION NO. **081-17**

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 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: 081-17

PARCEL/ACCOUNT NUMBER/S: 07314-00-5

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