

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.

RECEIVED
CLERK OF THE BOARD
DEC - 4 2017
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

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
11717

1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
CIT Finance, LLC

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)
10201 Centurian Parkway N. Suite 100

CITY **Jacksonville** STATE **FL** ZIP CODE **32256** DAYTIME TELEPHONE **(832) 325-6690** ALTERNATE TELEPHONE () FAX TELEPHONE **(912) 960-0613**

EMAIL ADDRESS
julie.correa@ryan.com

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

NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, MIDDLE INITIAL)
Correa, Julie

COMPANY NAME
Ryan Tax Compliance Services

CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, MIDDLE INITIAL)
Brennan, Mike

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)
PO Box 460709

CITY **Houston** STATE **TX** ZIP CODE **77056** DAYTIME TELEPHONE **(832) 325-3691** ALTERNATE TELEPHONE () FAX TELEPHONE **(912) 960-0613**

EMAIL ADDRESS
julie.correa@ryan.com

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 **Julie Correa** TITLE **Senior Manager** DATE **11/28/17**

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 11014308	TAX BILL NUMBER 879518	
PROPERTY ADDRESS OR LOCATION Leased Equipment Various		DOING BUSINESS AS (DBA), if appropriate

PROPERTY TYPE

SINGLE-FAMILY / CONDOMINIUM / TOWNHOUSE / DUPLEX AGRICULTURAL POSSESSORY INTEREST

MULTI-FAMILY/APARTMENTS: NO. OF UNITS _____ MANUFACTURED HOME VACANT LAND

COMMERCIAL/INDUSTRIAL WATER CRAFT AIRCRAFT

BUSINESS PERSONAL PROPERTY/FIXTURES OTHER: _____

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)	393,194	0	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	393,194	0	
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: 2017

**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) GT Finance LLC is a Financial Institution and the customers/asseses should be billed directly

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

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CLERK OF THE BOARD
DEC - 4 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)

Julie Lorea

SIGNED AT (CITY, STATE)

Houston TX

DATE

11/28/17

NAME (Please Print)

Julie Lorea

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



Williams Tower
2800 Post Oak Boulevard
Suite 3700
Houston, Texas 77056
Main 713.629.0090
Fax 713.629.0227
www.ryan.com

RECEIVED
CLERK OF THE COUNTY CLERK
DEC - 4 2017
BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

November 27, 2017

Santa Cruz County Appeal Board
701 Ocean Street, Room 520
Santa Cruz, CA 95060

RE: Appeal Form

On behalf of my client enclosed please find an appeal application, letter of authorization, and filing fee check for the account listed below:

71014308

If you have any questions or need additional information I can be reached at 832-325-3690 or via email at julie.correa@ryan.com

Thank you so much for your assistance regarding this matter.

Sincerely,

Julie Correa
Senior Manager



CIT
 10201 Centurion Parkway North
 Jacksonville, FL 32256

Tel: 904-620-7600
 www.cit.com

LETTER OF AUTHORIZATION FOR TAX REPRESENTATION

This letter serves as authorization for Ryan, LLC and its affiliate Ryan Tax Compliance Services, LLC P.O Box 460709, Houston, TX 77056, 866-866-4186 to represent in its affairs concerning Tax Year 2017 (1/1/2017 lien date) . This authorization is for all property tax matters for all parcels located in the County of Ventura. This includes, but is not limited to: filing property renditions, signing and filing of appeals, examining all property tax records, representation before the assessor, boards of equalization or review, and/or any other governmental agency responsible for the assessment of property.

This agency shall remain in effect until written notice of termination is issued by:

CIT Bank, N.A.
 CIT Finance, LLC
 CIT Technology Financing Services, Inc.
 CIT Communications Finance Corporation
 The CIT Group/Equipment Financing, Inc.
 CIT Healthcare, LLC
 CIT Lending Services, Inc.
 CIT Credit Finance Corp
 CIT Financial USA, Inc.

Ownership Entity

By: Susan Klarfeld Susan Klarfeld, Director
 AUTHORIZED SIGNATURE PRINT NAME, TITLE

Dated this 29 day of November, 2017

I certify that the signature above is a true and correct signature provided as a duly appointed officer of the above referenced company. If a copy of this completed form is being submitted, I will produce the original form with original signature upon request. If a completed application for changed assessment attached to this authorization, I certify that a copy has been forwarded to the applicant named in this application.

Ryan, LLC and its affiliate Ryan Tax Compliance Services, LLC

By: Fabio Correa

Date: 11/29/17

RECEIVED
 CLERK OF THE BOARD
 DEC - 4 2017
 BOARD OF SUPERVISORS
 COUNTY OF SANTA CRUZ



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



C/O RYAN LLC - PROPERTY TAX COMPLIANCE
 CIT FINANCE LLC - CFL-CA-SANTA CRUZ
 PO BOX 460709
 HOUSTON, TX 77056-8709

IMPORTANT MESSAGES

Electronic Check



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

LEASE EQUIP IN SC COUNTY

ACCOUNT NUMBER 71014308 BILL NUMBER 879518 TAX RATE AREA 02-072

VALUES & EXEMPTIONS

PERSONAL PROPERTY \$393,194
 TOTAL VALUE \$393,194
 LESS EXEMPTION -None-
 TOTAL TAXABLE VALUE \$393,194

TAX DISTRIBUTION BY AGENCY

BASIC PROPERTY TAXES	RATE	AMOUNT
GENERAL TAX RATE	1.00000000%	\$3,931.94
WATSONVILLE CITY - RETIREMENT	.07700000%	\$302.76
2012 PAJARO VALLEY SCHOOL DISTRICT BOND	.02368800%	\$93.14
2013 PAJARO VALLEY SCHOOL DISTRICT BOND	.03013600%	\$118.48
1998 CABRILLO COMMUNITY COLLEGE BOND	.01019500%	\$40.08
2004 CABRILLO COMMUNITY COLLEGE BOND	.02240200%	\$88.08
TOTAL BASIC PROPERTY TAXES (adjusted for rounding)	1.16342100%	\$4,574.48

RECEIVED

JUL 18 2017

Ryan PTS
 Houston, TX

TOTAL TAXES \$4,574.48

PHONE NUMBERS

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

↑ DETACH HERE ↑

RETURN THIS STUB WITH YOUR PAYMENT

SANTA CRUZ COUNTY UNSECURED TAX STATEMENT
 FISCAL YEAR JULY 1, 2017 TO JUNE 30, 2018

↑ DETACH HERE ↑

2017-2018

ADDRESSEE: ACCOUNT NUMBER 71014308 BILL NUMBER 879518 TAX RATE AREA 02-072
 C/O RYAN LLC - PROPERTY TAX COMPLIANCE
 CIT FINANCE LLC - CFL-CA-SANTA CRUZ
 PO BOX 460709
 HOUSTON, TX 77056-8709

PAY THIS AMOUNT ON OR BEFORE

August 31, 2017

\$4,574.48

IF AFTER AUGUST 31, 2017

PAY: \$5,031.93

(Includes 10% Penalty)

IF AFTER SEPTEMBER 15, 2017

PAY: \$5,131.93

(Includes \$100 Collection Fee)

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

RECEIVED
 CLERK OF THE COUNTY
 DEC - 6 - 17
 BOARD OF SUPERVISORS
 COUNTY OF SANTA CRUZ



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



Williams Tower
2800 Post Oak Boulevard
Suite 3700
Houston, Texas 77056

CERTIFIED MAIL™



9214 7959 0099 9790 1752 1641 18

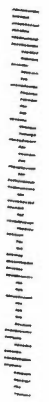
Santa Cruz County Appeal Board
701 Ocean St Rm 520
Santa Cruz, CA 95060-



U.S. POSTAGE
ZIP 77056 \$ 007.50⁰
02 419
0000349598 NOV 30 2017

RECEIVED
CLERK OF THE COURT
DEC - 4 2017

CLERK OF SUPERVISORS
COUNTY OF SANTA CRUZ



CK #
1045447

OFFICIAL RECEIPT

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

No. C 411264
Date Dec 12 2017

Received from CIT Group Inc

Address 1 CIT Drive, Livingston, NJ 07039

The Sum of thirty and no/100 Dollars \$ 30⁰⁰

For AAB Processing fee

APN / ACCT 71014-30-8

App # 117-17

COB

DEPARTMENT OR OFFICE

By Curle



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

January 4, 2018

Ryan Tax Compliance Services, LLC
Julie Correa/ Mike Brennan
P.O. Box 460709
Houston, TX 77056

CIT Finance, LLC
10201 Centurion Parkway North
Jacksonville, FL 32256

NOTICE OF RECEIPT OF: APPLICATION FOR CHANGED ASSESSMENT

APN/ACCT. NO. **71014-30-8**
APPLICATION NO. **117-17**

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

August 29, 2018

Application Number 117-17

Parcel / Account Number/s 71014-30-8

Ryan Tax Compliance Services
Julie Correa
P.O. Box 460709
Houston, TX 77056

CIT Finance, LLC
10201 Centurion Parkway N., Suite 100
Jacksonville, FL 32256

Dear Applicant:

Your Assessment Appeals Hearing has been **scheduled for Monday, October 22, 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

October 1, 2018

Ryan Tax Compliance Services
Julie Correa
P.O. Box 460709
Houston, TX 77056

CIT Finance, LLC
10201 Centurion Parkway N, Suite 100
Jacksonville, FL 32256

HEARING DATE CONFIRMATION NOTICE

For Your Assessment Appeals Application

HEARING DATE: October 22, 2018

TIME: 8:30 A.M.

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

APPLICANT: CIT Finance, LLC

APPLICATION NUMBER/S: 117-17

PARCEL/ACCOUNT NUMBER/S: 71014-30-8

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: October 15, 2018