



SUTTER COUNTY ASSESSMENT APPEALS BOARD NO. 1

QUALIFICATIONS: Minimum of five years professional experience in this state as one of the following: certified public accountant or public accountant, licensed real estate broker, attorney, property appraiser accredited by a nationally recognized professional organization, or is a person who the nominating member of the Board of Supervisors has reason to believe is possessed of competent knowledge of property appraisal and taxation.

DUTIES:

- 1) Increase or lower, upon application, individual assessments in order to equalize assessments on the local tax assessment roll
- 2) Review, equalize and adjust penal and escaped assessments on that roll except escaped assessments made pursuant to Revenue and Taxation Code section 531.1
- 3) Pursuant to Revenue and Taxation Code section 1613, give certain directions to the assessor, under certain circumstances, regarding the assessment of property which has escaped assessment and making other corrections to the assessment roll

REQUIREMENTS: After appointment the mandatory Assessment Appeals Process Self-study Training Session must be completed before attending your first meeting.

COMPENSATION: \$50/hr (2-hour minimum)

MEETING DATES: As called

TERM OF OFFICE: 3 yrs

APPOINTED BY: Sutter County Board of Supervisors



APPLICATION FOR SUTTER COUNTY BOARD, COMMITTEE, OR COMMISSION

(FOR COUNTY USE ONLY)

Return to:
CLERK OF THE BOARD
1160 CIVIC CENTER BLVD. YUBA CITY, CA 95993
(530) 822-7106

Instructions: Please complete each section below. Be sure to enter the title of the Board, Committee, or Commission for which you desire consideration. Please type or print in ink legibly. The application will be maintained for a period of 1 year. After one year, it is necessary to file a new application for another year of eligibility. *Sutter County reserves the right to close the recruitment without notice upon receipt of a sufficient number of qualified applicants.*

BOARD, COMMITTEE, OR COMMISSION TO WHICH YOU ARE APPLYING FOR MEMBERSHIP:
Assessment Appeals Board No. 1

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

_____		_____		_____	
First Name		Middle Name		Last Name	
_____		_____		_____	
Street Address		City		State	Zip Code
_____			_____		
Home Phone Number			Cell Phone Number		

Email Address					

HOW DID YOU HEAR ABOUT THIS VACANCY? Appeal Democrat Flyer Sutter County Website
 Other _____

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

IF APPOINTED, I COMMIT TO ATTENDING MEETINGS, COMPLETING THE MANDATORY ASSESSMENT APPEALS SELF-STUDY TRAINING SESSION, AND FULFILLING THE RESPONSIBILITIES ASSOCIATED WITH THE APPOINTMENT.

_____ **APPLICANTS SIGNATURE** _____ **DATE**

CLERK OF THE BOARD USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____ Received by: _____
Deputy Clerk of the Board

Date referred: _____

To: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5
 All BOS BCC Contact Person Name: _____