

**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.

**1. APPLICANT INFORMATION - PLEASE PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME  
EDPO, LLC dba Dassel's Petroleum

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)

31 Wright Road

CITY Hollister

STATE CA

ZIP CODE 95023

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)

William J. Snyder

EMAIL ADDRESS

bill@sscpa.com

COMPANY NAME

Shannon &amp; Snyder

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

MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)

650 North Winchester Blvd. #6

CITY San Jose

STATE CA

ZIP CODE 95128

DAYTIME TELEPHONE (408) 241-8700

ALTERNATE TELEPHONE

FAX TELEPHONE (408) 241-84181

**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

800-003-939

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

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**

LAND

IMPROVEMENTS/STRUCTURES

FIXTURES

PERSONAL PROPERTY (see instructions)

MINERAL RIGHTS

TREES &amp; VINES

OTHER

TOTAL

A. VALUE ON ROLL

36,150

1,664,990

1,701,140

B. APPLICANT'S OPINION OF VALUE

0

600,000

600,000

C. APPEALS BOARD USE ONLY

PENALTIES (amount or percent)

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

**\$45.00 USD PROCESSING FEE.** To be paid at the time of filing for each parcel being appealed. A separate application must be filed for each parcel. **THE PROCESSING FEE IS NON-REFUNDABLE.**

APPLICATION NUMBER: Clerk Use Only

A-432

EMAIL ADDRESS

**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 ( \$ \_\_\_\_\_ per \_\_\_\_\_ )**☐ Are requested. ☒ Are not requested.**PLEASE NOTE: A DEPOSIT OF \$500.00 USD PER  
PARCEL (APN) IS REQUIRED AT THE TIME OF THE  
HEARING.****8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND** See instructions.☒ Yes ☐ No**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

San Jose, CA

11/30/18

NAME (Please Print)

William J. Snyder

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



650 North Winchester Boulevard  
Suite 6  
San Jose, Ca 95128-1511  
Telephone 408-241-8700  
Facsimile 408-241-8187

## AGENCY AGREEMENT

Dassel's Petroleum, Inc.  
Attn: Lloyd Pope  
31 Wright Road  
Hollister, CA 95023

### Property Address

Personal Property – San Benito County  
APN# 850-000-364-000 / 800-003-939

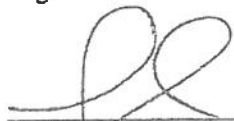
By signing below, I agree that Shannon & Snyder, its agents and employees are authorized to act as agent and representative in all matters and parcels relating to the preparation and presentation of a real or personal property assessment appeal, whether formal or informal, submitted to the County Assessor and/or County Assessment Appeals Board in 2018.

The undersigned further authorizes Shannon & Snyder to execute and cause to be filed on behalf of and in the name of the undersigned, any and all documents relating to appeals of the assessment and to accept a lower assessed value or withdraw the application on the above-mentioned property. Shannon & Snyder is specifically authorized to obtain and examine all documents or information kept and maintained in all County agencies (including any and all information previously submitted that pertains to the assessment appeal), and enter into stipulations, and otherwise settle issues relating to this property.

This authorization supersedes any previous Agency Agreement related to the above property.

Shannon & Snyder will provide applicant with a copy of the application.

A photocopy and/or facsimile copy of this authorization is deemed to be the equivalent of the original authorization and may be used as such.

  
\_\_\_\_\_  
Signature of owner or responsible party

General Manager  
\_\_\_\_\_  
Title

11/29/18  
\_\_\_\_\_  
Date

**SHANNON & SNYDER**  
 CERTIFIED PUBLIC ACCOUNTANTS  
 650 N. Winchester Blvd., Ste. 6 (408) 241-8700  
 SAN JOSE, CA 95128

PAY  
 AMOUNT  
 OF *Forty-five + 20/100*

EXPLANATION	AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	DOLLARS
11/30/58	San Benito County		2872	

CHECK  
 AMOUNT  
 \$ *45.00*



⑆002872⑆ ⑆121000358⑆ 10475⑆08898⑆

*Win 5*

2872  
 11-35/1210



A-432

**Tom Slavich**

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**From:** Janet Slibsager  
**Sent:** Tuesday, December 04, 2018 12:37 PM  
**To:** Tom Slavich  
**Cc:** Barbara Thompson; Shirley Murphy  
**Subject:** Assessment Appeal Application - EDPO, LLC; dba Dassel's Petroleum  
**Attachments:** SKM\_C65818120413290.pdf

Attached is an Assessment Appeal application for EDPO, LLC; dba Dassel's Petroleum.

*Janet Slibsager*  
*Clerk of the Board*  
481 Fourth Street  
Hollister, CA 95023  
(831)636-4000, Ext. 11