

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.

\$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.**

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Dassel's Petroleum Inc.

APPLICATION NUMBER: Clerk Use Only

353

EMAIL ADDRESS bill@sscpa.com

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

31 Wright Rd.

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 & 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 408-241-8181

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

850-000-364-000

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

31 Wright Rd. Hollister, CA 95023

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	799,063	799,063	
FIXTURES	20,860	20,860	
PERSONAL PROPERTY (see instructions)	1,546,040	600,000	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	2,365,963	1,419,923	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 1/27/17

**ROLL YEAR: 2012-2013

*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

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

HEARING.

☒ 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

3/28/17

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



County of San Benito

Tom Slavich, Assessor

440 Fifth St., Rm. 108
Hollister CA 95023
831-636-4030

NOTICE OF CORRECTION TO THE SECTION 601 ASSESSMENT ROLL

DASSELLS PETROLEUM INC
31 WRIGHT RD
HOLLISTER CA 95023

ASMT: 850-000-364-000
FEE #: 019-130-001-000
BASE ASMT: 850-000-364-000

UNSECURED

Date: March 01, 2017

SITUS: 31 WRIGHT RD
CA

THIS NOTICE IS TO INFORM YOU OF A CORRECTION TO THE ASSESSMENT ROLL CAUSED BY:

RESULTS PER AUDIT

Amended

THIS CORRECTION IS MADE UNDER REVENUE AND TAXATION CODE SECTION(S): 4831

THIS WILL DECREASE THE TAXABLE VALUE TO THE FIGURES SHOWN BELOW IN THE NEW VALUE COLUMN FOR THE FISCAL YEAR AFFECTED.

VALUE SUMMARY YEAR 2012 - 2013	OLD VALUE	NEW VALUE	NET CHANGE
LAND			
STRUCTURE	799,063	799,063	
GROWING IMPROVS.			
PP MOBILE HOME			
FIXTURES	56,940	20,860	-36,080
PERSONAL PROPERTY	1,931,690	1,546,040	-385,650
TOTAL	2,787,693	2,365,963	-421,730
LESS: EXEMPTIONS			
NET TAXABLE	2,787,693	2,365,963	-421,730



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VALUE SUMMARY YEAR 2013 - 2014	OLD VALUE	NEW VALUE	NET CHANGE
LAND			
STRUCTURE	980,998	980,998	
GROWING IMPROVS.			
PP MOBILE HOME			
FIXTURES	50,700	19,490	-31,210
PERSONAL PROPERTY	2,268,570	1,636,300	-632,270
TOTAL	3,300,268	2,636,788	-663,480
LESS: EXEMPTIONS			
NET TAXABLE	3,300,268	2,636,788	-663,480

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CITY Hollister

STATE CA

ZIP CODE 95023

DAYTIME TELEPHONE () ()

ALTERNATE TELEPHONE () ()

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COMPANY NAME

Shannon & Snyder

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CITY San Jose

STATE CA

ZIP CODE 95128

DAYTIME TELEPHONE 408-241-8700

ALTERNATE TELEPHONE () ()

FAX TELEPHONE 408-241-8181

AUTHORIZATION OF AGENT☒ AUTHORIZATION ATTACHED

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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

850-000-364-000

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

31 Wright Rd. Hollister, CA 95023

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	980,998	980,998	
FIXTURES	19,490	19,490	
PERSONAL PROPERTY (see instructions)	1,636,300	600,000	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	2,636,788	1,600,488	
PENALTIES (amount or percent)			

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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: 1/27/17

**ROLL YEAR: 2013-2014

*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:

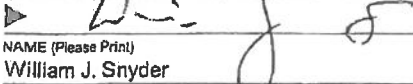
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PLEASE NOTE: A DEPOSIT OF \$500.00 USD PFR
PARCEL (APN) IS REQUIRED AT THE TIME OF THE
HEARING.

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)

San Jose, CA

DATE

3/28/17

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

ASSESSMENT APPEAL APPLICATION

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1. APPLICANT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Dassel's Petroleum Inc.

APPLICATION NUMBER: Clerk Use Only

EMAIL ADDRESS
bill@sscpa.com

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

31 Wright Rd.

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 & Snyder

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

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650 North Winchester Blvd. #6

CITY San Jose STATE CA ZIP CODE 95128 DAYTIME TELEPHONE 408-241-8700 ALTERNATE TELEPHONE () FAX TELEPHONE 408-241-8181

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FEE NUMBER

ACCOUNT NUMBER

850-000-364-000

TAX BILL NUMBER

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31 Wright Rd. Hollister, CA 95023

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4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND			
IMPROVEMENTS/STRUCTURES	1,013,896	900,000	
FIXTURES	40,990	40,990	
PERSONAL PROPERTY (see instructions)	1,703,450	600,000	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	2,758,336	1,540,990	
PENALTIES (amount or percent)			

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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: 1/27/17

**ROLL YEAR: 2014-2015

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31 Wright Rd. Hollister, CA 95023

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	1,034,153	900,000	
FIXTURES	39,130	39,130	
PERSONAL PROPERTY (see instructions)	1,697,820	600,000	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	2,771,103	1,539,130	
PENALTIES (amount or percent)			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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: 1/27/17

**ROLL YEAR: 2015-2016

*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

3/28/17

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

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.

~~\$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.**

1. APPLICANT INFORMATION - PLEASE PRINTNAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME
Dassel's Petroleum Inc.

APPLICATION NUMBER: Clerk Use Only

EMAIL ADDRESS bill@sscpa.com

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

31 Wright Rd.

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 & 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 408-241-8181

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

850-000-364-000

TAX BILL NUMBER

PROPERTY ADDRESS OR LOCATION

31 Wright Rd. Hollister, CA 95023

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	1,049,923	900,000	
FIXTURES	37,600	37,600	
PERSONAL PROPERTY (see instructions)	1,623,990	600,000	
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	2,771,513	1,537,600	
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*DATE OF NOTICE: _____

ROLL YEAR: _____

☒ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT

*DATE OF NOTICE: 1/27/17

**ROLL YEAR: 2016-2017

*Must attach copy of notice or bill, where applicable

**Each roll year requires a separate application

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SIGNED AT (CITY, STATE)

DATE

San Jose, CA

3/28/17

NAME (Please Print)

William J. Snyder

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

OFFICE OF THE ASSESSOR
COUNTY OF SAN BENITO

440 FIFTH STREET, ROOM 108
HOLLISTER, CALIFORNIA 95023-3893

*We don't have
the final
notices
but these
are the
amounts*

REVIEWED: BY _____ TAX CODE 067-003 ACCT NO: 850-000-354-000
DATE _____ PARCEL NO: 019-130-001
DATE 11/22/2016 AUDITOR Laura Naccareto
Office Phone 831-636-4030 Fax 831-636-4033

TAXPAYER: DASSELS PETROLEUM INC CONTACT: BILL SNYDER
ADDRESS 31 WRIGHT RD
HOLLISTER, CA 95023

DBA _____
ADDRESS _____

RECORD LOCATION SAME AS ABOVE

NOTICE OF PROPOSED ESCAPE ASSESSMENT OR ROLL CORRECTION

YEAR		ASSESSED VALUE	PER AUDIT	VALUE DIFF.	STATUS	CODE	ACTION
2012	A. PP	\$ 1,931,690	\$ 1,555,550	\$ (376,140)	SECURED		
	B. FIXTURES	\$ 56,940	\$ 20,860	\$ (36,080)	UNSECURED	X	
	C. IMPROVEMENTS	\$ 789,063	\$ 789,063	\$ -	R & T CODE SECTION	4831/5151	
	D. LAND	\$ -	\$ -	\$ -	ACTION	REFUND	
	TOTAL TAXABLE	\$ 2,787,693	\$ 2,378,473	\$ (409,220)			
1546,040							
YEAR		ASSESSED VALUE	PER AUDIT	VALUE DIFF.	STATUS	CODE	ACTION
2013	A. PP	\$ 2,268,670	\$ 1,536,390	\$ (632,180)	SECURED		
	B. FIXTURES	\$ 50,700	\$ 18,490	\$ (31,210)	UNSECURED	X	
	C. IMPROVEMENTS	\$ 980,988	\$ 980,988	\$ -	R & T CODE SECTION	4831/5151	
	D. LAND	\$ -	\$ -	\$ -	ACTION	REFUND	
	TOTAL TAXABLE	\$ 3,300,268	\$ 2,535,878	\$ (664,390)			
1636,300							
YEAR		ASSESSED VALUE	PER AUDIT	VALUE DIFF.	STATUS	CODE	ACTION
2014	A. PP	\$ 2,149,460	\$ 1,703,450	\$ (446,010)	SECURED		
	B. FIXTURES	\$ 73,570	\$ 40,990	\$ (32,580)	UNSECURED	X	
	C. IMPROVEMENTS	\$ 885,451	\$ 1,013,896	\$ 28,445	R & T CODE SECTION	4831/5151	
	D. LAND	\$ -	\$ -	\$ -	ACTION	REFUND	
	TOTAL TAXABLE	\$ 3,208,481	\$ 2,758,336	\$ (450,145)			
YEAR		ASSESSED VALUE	PER AUDIT	VALUE DIFF.	STATUS	CODE	ACTION
2015	A. PP	\$ 2,051,800	\$ 1,697,820	\$ (353,980)	SECURED		
	B. FIXTURES	\$ 66,070	\$ 39,130	\$ (26,940)	UNSECURED	X	
	C. IMPROVEMENTS	\$ 1,005,140	\$ 1,034,153	\$ 29,013	R & T CODE SECTION	4831/5151	
	D. LAND	\$ -	\$ -	\$ -	ACTION	REFUND	
	TOTAL TAXABLE	\$ 3,123,010	\$ 2,771,103	\$ (351,907)			
YEAR		ASSESSED VALUE	PER AUDIT	VALUE DIFF.	STATUS	CODE	ACTION
2016	A. PP	\$ 1,855,520	\$ 1,623,990	\$ (331,530)	SECURED		
	B. FIXTURES	\$ 61,970	\$ 37,500	\$ (24,370)	UNSECURED	X	
	C. IMPROVEMENTS	\$ 1,048,923	\$ 1,049,923	\$ -	R & T CODE SECTION	4831/5151	
	D. LAND	\$ -	\$ -	\$ -	ACTION	REFUND	
	TOTAL TAXABLE	\$ 3,067,413	\$ 2,711,513	\$ (355,900)			

Bill Snyder

From: Laura Naccarato <LNaccarato@cosb.us>
Sent: Monday, February 27, 2017 11:58 AM
To: Bill Snyder
Subject: RE: AUDIT REVIEW file by 3/28

From the
Assessor

Hi Bill,

Per Section 1603 (Applications) – The taxpayer may file an application within 60 days of receipt of the notice of assessment or within 60 days of the mailing of the tax bill, whichever is earlier, along with an affidavit declaring under penalty of perjury that the notice was not timely received. In your case this would be the notice of roll corrections which in your case looks like it was January 27th.

Also – I am very aware of what Monterey County did however their value does not represent FMV and the AmeriGas price list is not indicative of retail cost.

60 days = 3/28/17

Laura Naccarato
Supervising Auditor Appraiser
San Benito County Assessor
831-636-4030 phone
831-636-4033 fax
Office Hours Mon – Fri 8am-5pm

From: Bill Snyder [mailto:bill@sscpa.com]
Sent: Tuesday, February 21, 2017 1:54 PM
To: Laura Naccarato
Subject: RE: AUDIT REVIEW

OK I understand. When is the 60 day expiration? I am attempting to find contact information at AmeriGas and other dealers to find out how they sell retail, or if they sell retail.

Thanks,

Bill

From: Laura Naccarato [mailto:LNaccarato@cosb.us]
Sent: Tuesday, February 21, 2017 1:25 PM
To: Bill Snyder
Subject: RE: AUDIT REVIEW

Hi Bill,

I sent you the market study in my last email on the 14th. My question would be this – would the price list from AmeriGas be valid to each and every consumer that walked in and wanted to buy a tank? Because that would represent FMV.....not discounted prices due to buying in bulk or liquidating reasons.

You are still within your 60 days for appeal.