



# County of Santa Cruz

SHERI THOMAS, ASSESSOR  
701 OCEAN STREET, Rm. 130, SANTA CRUZ, CA 95060  
(831) 454-2002  
[www.santacruzcountyca.gov/asr](http://www.santacruzcountyca.gov/asr)

Lori Fleet  
Chief Deputy-Valuation  
Claudia Cunha  
Chief Deputy-Administration

## Request for Decline in Value Review Commercial Properties

Return completed form **by mail** to address listed above or **by email** to [assessor@santacruzcountyca.gov](mailto:assessor@santacruzcountyca.gov).

Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REQUIRED SUPPORTING INFORMATION

My opinion of the market value as of January 1<sup>st</sup>, 2025 is \$ \_\_\_\_\_

Has the subject property been listed for sale in the past 3 years? ☐ No ☐ Yes, list price \$ \_\_\_\_\_

Have you had an appraisal of this property within the last 3 years? ☐ No ☐ Yes - please provide a copy.

Note: In lieu of completing any portion of this form, you may attach all of the following:

- 3 years historical income and expense statements.
- Rent roll and CAM reconciliation (including terms, escalations, tenant improvements, concessions and rent type)

### LEASE INFORMATION

				Month & Year		Expenses Paid by Tenant (please check)					
Space No.	Name of Tenant	Size of Space in Sq. Ft.	Monthly Rent	Beginning Date of Lease	End Date of Lease	Exterior Maintenance	Interior Maintenance	Property Tax	Insurance	Utilities	Other

CONTINUES ON REVERSE

Other Income:

(Please include all sources of income not included in monthly rent. This includes parking, late fees, utility reimbursement, or income from percentage of sales lease clauses.)

Income Source	Amount	Frequency (Monthly/Yearly)	Comments

If the property were 100% occupied, what would be the monthly gross rental     \$\_\_\_\_\_

Total number of rentable area / spaces: \_\_\_\_\_

Average vacancy rate over the past three years: \_\_\_\_\_

Annual Expenses Paid by the Owner – Last 3 Year			
Year	2024	2023	2022
Administration			
Insurance			
Janitorial			
Landscape, Parking Lot			
Management			
Repairs & Maintenance			
Security			
Tenant Improvements			
Utilities:			
Other:			
Other:			
Other:			
TOTAL EXPENSES			

REMARKS OR OTHER INFORMATION YOU WISH FOR US TO CONSIDER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of owner or agent\*

\_\_\_\_\_  
Date

*\*Agents filing on behalf of a property owner must submit a signed agent authorization agreement with this request.*