



County of Santa Cruz

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

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

Request for Decline in Value Review Hotel and Lodging Properties

Return completed form **by mail** to address listed above or **by email** to 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 1st, 2024 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 the following:

- Average daily room rate and occupancy rates for the past three years.
- 3 years historical income and expense statements.

INCOME - Include ALL sources of revenues

Revenue Source	For Last Year: 2023			Total Revenues		Comments	Rates	
	Rooms	Rm Nights	Occupancy %	Actual	Budget		ADR	REVPAR
Room				\$	\$			
Food				\$	\$			
Beverage				\$	\$			
				\$	\$			
				\$	\$			

Revenue Source	For 2 Years Ago: 2022			Total Revenues		Comments	Rates	
	Rooms	Rm Nights	Occupancy %	Actual	Budget		ADR	REVPAR
Room				\$	\$			
Food				\$	\$			
Beverage				\$	\$			
				\$	\$			
				\$	\$			

(CONTINUES ON REVERSE)

Revenue Source	For 3 Years Ago: 2021			Total Revenues		Comments	Rates	
	Rooms	Rm Nights	Occupancy %	Actual	Budget		ADR	REVPAR
Room				\$	\$			
Food				\$	\$			
Beverage				\$	\$			
				\$	\$			
				\$	\$			

EXPENSES - List all annual expenses paid by the owner for the last three years.

	2023	2022	2021	Comments
Departmental				
Rooms				
Food				
Beverage				
Other:				
Other:				
Undistributed				
Administrative (G&A)				
General Marketing				
Franchise/Royalty Fees				
Property Operations				
Utility Costs				
Property Mgmt Fees				
Other:				
Other:				
Fixed Charges				
Insurance				
Reserve for Replacements				
Other:				
Other:				
TOTAL EXPENSES				

REMARKS OR ANY 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.*