CONSOLIDATED FIRE PROTECTION DISTRICT OF LOS ANGELES COUNTY

MEASURE E APPEAL FORM

(Please print)

NAME _____

MAILING ADDRESS _____

_____

TELEPHONE _____
(Daytime)

BUSINESS NAME _____
(If applicable)

EMAIL _____

ASSESSOR'S I.D. NUMBER (AIN):_____

APPEAL PARCEL ADDRESS:

_____

_____

_____

I, _____, appeal Measure E levied by the Consolidated Fire Protection District of Los Angeles County (District). I agree to pay the $13 Auditor-Controller administration processing fee required for this appeal and I have enclosed my check/money order payable to the Consolidated Fire Protection District of Los Angeles County. I understand that if my appeal is denied, the District will return my payment. I have read the Procedure and Guidelines document.

I am appealing for the following reason:

❒ I received a denial letter from the District, or I am applying for the first time after the deadline. I am submitting **all** required document(s):

- Property Tax Bill
- Proof of age
- Proof of household income (total number of persons in my household _____)
- Proof of residence
- Proof of ownership (if title is in a trust, please provide trust document)
- Completed Appeal Form

❒ The parcel is tax-exempt, as determined by the Assessor's Office, including, but not limited to, government-owned parcels or parcels owned by non-profit organizations satisfying the requirements of Revenue and Taxation Code Section 214. I have attached proof of non-profit tax-exempt status.

❒ The assessment is mathematically calculated incorrectly, I request a review by the District.

❒ Other (please state)

_____

_____

Completed Appeal Form, supporting documents, and payment can be submitted by mail:

Mailing Address
Consolidated Fire Protection District of Los Angeles County
Planning Division
1320 N. Eastern Avenue
Los Angeles, CA 90063

If you have any questions, please contact the Planning Division at (323) 881-6151 or via email at fire-planning@fire.lacounty.gov.

I am the owner and reside at the property described above. Under penalty of perjury, I declare that the foregoing information is true and correct to the best of my knowledge.

_____ _____

PROPERTY OWNER'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

WHEN COMPLETED, PLEASE ATTACH REQUIRED DOCUMENTATION THAT MAY SUPPORT YOUR APPEAL. AN APPEAL THAT DOES NOT HAVE THE REQUIRED DOCUMENTATION SHALL NOT BE CONSIDERED AS RECEIVED BY THE DISTRICT UNTIL ALL REQUIRED PAPERWORK IS SUBMITTED. REDACT DRIVER LICENSE NUMBER AND SOCIAL SECURITY NUMBER. **PLEASE ALLOW 2 TO 4 MONTHS FOR PROCESSING.**