



Madera County Assessor's Office

200 West 4th Street
Madera, California 93637
Phone (559) 675-7710
Fax (559) 675-7654

Brett Frazier,
ASSESSOR

Date _____

Owners Name: _____

Property Address : _____

Mailing Address: _____

Assessor Parcel Number (s): _____

City, State, Zip: _____

Dear Madera County Property Owner:

**COMMERCIAL/INDUSTRIAL PROPERTY DECLINE IN VALUE
APPLICATION (PROP 8)**

You are requesting an informal review of the assessed value of the parcel(s) referenced above. This review will be conducted in accordance with applicable sections of Revenue and Taxation Code using multiple approaches to value to determine an equitable fair market value as of the lien date (January 1st, 2025). If a reduction is granted we will review the values each year until the value(s) return to their Prop 13 Factored Base Year Value. Our primary source of information for your specific property will be information you provide so please be as complete and accurate as possible. Incomplete information may delay the processing of this application. Failure to provide requested information may result in this request being denied. In order to facilitate this process, please indicate your opinion of the current market value of the property as of January 1st, 2025. \$ _____

Income Approach: Please provide a summary AND attach detailed backup documentation of income and expenses for the years 2022 to 2024. Suitable documentation includes but is not limited to income and expense statements, filed income tax returns and/or in the case of rental property, rent rolls for each of the years below. If you have questions as to what to provide, please contact us so we can better understand your specific situation.

Year	2022	2023	2024
Income (all sources)			
Expenses			

Please describe the documentation you have provided to support the above amounts:

If the parcel(s) covered by this statement are leased please describe any lease modifications made in 2024. Please include details such as the anticipated length of the modifications and plans to recapture delayed rent if applicable.

Comparable Sales Approach: Please provide any sales information or current listings of similar properties that support your opinion of value. List the address and any other information you know about the sales or listings in the spaces provided below. Comparable sales cannot be after March 31 preceding the assessment year in question (March 31, 2025 for the 2025-2026 fiscal year assessment).

Addresses or APNs of Comparable Properties	City	Sale Date	Sale Price	Name of Realtor

Please indicate any condition of your property that might affect its value.

Please provide any additional information you feel would help us better understand how your business was impacted such as number of days closed, vacancies, additional incurred costs not typical in prior years etc. If you have recently had the property appraised please include a copy with this request :

Please return this form to us as soon as possible. Upon its return, we will conduct an appraisal of the current fair market value of your property. The intent of this process is to determine and enroll the lower of either the current fair market value or the Proposition 13 assessed value. We will correspond with you at the conclusion of this review. If you do not agree with our determination of value, please contact our office. You may file a formal appeal for the 2025-2026 fiscal year assessment on or after July 2, 2025 with the Assessment Appeals Board, but no later than December 1, 2024 to preserve your appeal rights. You may file such appeal without waiting for a response to this request. You may obtain appeal application forms from the Clerk of the Board of Supervisors at 559-675-7700, or obtain them online at <https://www.maderacounty.com/home/showpublisheddocument?id=18176> .

NOTE: Forms received after December 2, 2025 will not be reviewed for the 2025/2026 fiscal year.

You may contact the office at 559-675-7710, option 5, or FAX materials to 559-675-7654. This form and supporting documentation can be mailed to the address listed on the top of this form or emailed to Assessor@Maderacounty.com

Thank you for your assistance.

Sincerely,
Brett Frazier, Assessor

OWNER'S DAYTIME PHONE _____

OWNER'S EMAIL ADDRESS _____