

REQUEST FOR VALUE REVIEW - AIRCRAFT

ALL ITEMS BELOW MUST BE COMPLETED TO INSURE TIMELY PROCESSING OF YOUR REQUEST
ENTER 'N/A' IF ITEM DOES NOT APPLY TO YOUR ASSESSMENT

Tax Rate Area _____

Assessment Number _____

Date: _____

Situs Address: _____

Property Description: _____

Assessee Name and Mailing Address (please type or print) _____

TULARE COUNTY ASSESSOR
221 S. Mooney Blvd. - Room 102E
Visalia, California 93291-4593
(559) 636 - 5100

If the assessment number is not printed in the upper-right corner above then enter the assessment number for which the value review is requested here:

820 - - 000

1. General Information : Plane Number : **N** _____ Serial Number _____ Year Built : _____

Make/Model : _____ Date Acquired : (New Used) _____ Purchase Price : \$ _____

Air Hours : _____ Engine(s) Make : _____ Number : _____ H.P. : _____ Hours Since Major Overhaul : _____

If Agricultural Aircraft, check one : Spray Dust Combination Other : _____

RADIOS & EXTRA EQUIP. IN PLANE	ITEM	QTY.	TYPE & MODEL	ITEM	QTY.	TYPE & MODEL	ITEM	QTY.	TYPE & MODEL
	NAV/COM			MARKER/RCVR			STEREO		
	GLIDESCOPE			ENCODING ALT.			STROBE		
	RNAV			AUTO-PILOT			OXYGEN		
	AOF			TRANSPONDER			AIR COND.		
	DME			ELT			AUX FUEL TANK		

LIST ANY EQUIPMENT NOT DETAILED ABOVE ON THE REVERSE SIDE

2. In your opinion what is the fair market value of this aircraft ? \$ _____

Complete 3 thru 6 below to furnish facts and information used as a basis for your opinion of value

3. List the type and dollar amounts of any added equipment or major service since the above purchase date :

	\$
	\$
	\$
	\$

4. If for sale, what is the asking price ? \$ _____ Listed with whom ? _____

5. List recent selling prices of aircraft comparable to this aircraft, and the dates they sold :

Make / Model	Yr. Built	Plane N Number	Sales Price	Date of Sale
			\$	
			\$	
			\$	
			\$	

USE THE REVERSE SIDE FOR ANY FURTHER EXPLANATION OF THIS REQUEST AND TO PROVIDE ADDITIONAL INFORMATION YOU FEEL PERTINENT. SUPPLY PHOTO IF POSSIBLE.

Complete the following information about the person applying for value review: _____

Name of Applicant (please print)

Mailing Address of Applicant

Telephone Number of Applicant (8 a.m. to 5 p.m.)

6. Applicant's Additional Information:

DO NOT WRITE BELOW THIS BOX - FOR ASSESSOR'S USE ONLY

ASSESSMENT NUMBER:

CURRENT ASSESSED VALUE OF AIRCRAFT:

PERSONAL PROPERTY

REVISED ASSESSED VALUE OF AIRCRAFT:

PERSONAL PROPERTY

REMARKS:

Taxpayer Notified

Appraiser

Date

Initial

Date