

# JOSEPHINE COUNTY ASSESSOR

## REQUEST TO REMOVE PROPERTY FROM SPECIAL ASSESSMENT

Property Acct #(s): \_R\_\_\_\_\_ /R\_\_\_\_\_ Map/Tax Lot: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -00

Property address: \_\_\_\_\_

Owner Name (please print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check box for current special assessment designation:

- Designated Forestland (ORS 321.257-367)
- Small Tract Forestland (ORS 321.700-754)
- Non-exclusive Farmland (ORS 308A.050-119)
- Exclusive Farmland (ORS 308A.050-128)

Indicate area to be removed from the special assessment:

- One acre for homesite
- All specially assessed acreage on the property indicated above
- \_\_\_ acres due to a change of use that no longer qualifies for the special assessment
- All specially assessed acreage on the property indicated above in conjunction with a ***permanent disqualification for a non-farm dwelling***

Affirmation:

By signature, owner affirms/understands the request for removal from the special assessment will result in an additional tax liability and hereby authorizes the Assessor to remove the special assessment as indicated.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO:

Josephine County Assessor, 500 NW Sixth Street, Dept 3, Grants Pass, OR 97526

or email to: [assessor@co.josephine.or.us](mailto:assessor@co.josephine.or.us)

Assessor's Office Use Only: clerk: _____	Date received:
Approved: <input type="checkbox"/> Date process complete: _____	
Denied: <input type="checkbox"/> (indicate reason) _____	
Remarks: _____	