INFORMAL ASSESSMENT REVIEW FORM

You are not required to complete this form. This form is to be used only if you believe your property value may be over-assessed. The information you provide will be considered by our office.

Owner Name: ____________________________
Folio Number: ____________________________
Property Address: ____________________________
City, State and Zip Code: ____________________________ Phone Number: ____________________________
Email: ____________________________

Check the box that best describes the property:

RESIDENTIAL
- [ ] Single Family
- [ ] Condo
- [ ] Townhouse

COMMERCIAL, INDUSTRIAL & MULTIFAMILY
- [ ] Industrial
- [ ] Office
- [ ] Retail
- [ ] Apartments
- [ ] Vacant Land
- [ ] Hotel
- [ ] Other

If Residential, please mail form to:
Miami-Dade County
Office of the Property Appraiser
Attention: Residential Division
111 NW 1st Street, Suite 710
Miami, FL 33128-1984

If Commercial, please mail form to:
Miami-Dade County
Office of the Property Appraiser
Attention: Commercial Division
111 NW 1st Street, Suite 710
Miami, FL 33128-1984

This form may also be scanned and emailed to PAREview@mdcpa.net.

Please provide comparable sales/listing of similar properties in your area:

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<tr>
<th>Address</th>
<th>Sale Price</th>
<th>Sale Date</th>
<th>Folio Number</th>
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What is your opinion of market value, as of January 1st? Please provide any additional information to support your opinion.

________________________________________________________________________________________________________________________________________________

If Commercial, please provide at least one of the following documents for the above-referenced property.
1. Rent Roll as of January 1st of current year. This should include the unit number, sizes, lease rates and terms.
2. Income and Expense (Operating) Statement for the most recent 12 months.

If Commercial, what is the total leasable area/rooms and the vacancy level? ____________________________

________________________________________________________________________________________________________________________________________________

Property Owner Signature ____________________________ Date ____________________________

You will be notified of the status of your property’s review within 5 business days of receipt of this document.