



For Office Use Only:	Date: _____	Case Number: _____
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**LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
2008-09 BENEFIT ASSESSMENT APPEALS PETITION**

Name of Property Owner: _____
Address of Property Owner: _____

Mailing Address (if different): _____

Telephone Number: _____

Representative's Name:* _____

Representative's Address: _____

Telephone Number: _____

* If the petition is made by a representative of the owner other than an attorney licensed to practice law in California, written authorization from the owner to do so must be filed with the petition. If the petitioner is a corporation or a partnership and the representative is not attorney, the petition must be accompanied by a resolution of the Board of Directors, or a certificate executed by the partners, respectively, authorizing the representative to act on behalf of the corporation or partnership.

Address of the Property: _____

Provide Assessor Parcel Map Number of the property: _____ -- _____ -- _____
Map Book Page Parcel No.

Note: A map depicting the property's location must be attached to this petition.
 You may mark the location on the attached map.

Indicate the Benefit Assessment District in which your property is located.
 (refer to your property tax statement):

A1 **Downtown** MacArthur Park/Westlake
 (Central Business District) (Wilshire/Alvarado)

Please indicate the reasons, as described below, upon which you seek to appeal: to exclude your property on the ground that it is not benefitted, reduce your assessment on the ground that the current assessment exceeds the benefit to the property, or change your assessment on the basis of changes in the parcel, improvement and/or floor area of the property:

- _____ 1. Exempt property
- _____ 2. Mixed exempt / Non-exempt building
- _____ 3. Residential / apartment hotel
- _____ 4. Size of property incorrectly billed
- _____ 5. Building vacant due to public regulatory codes
- _____ 6. Building design restricts rental space to 80 percent or less of floor area
- _____ 7. Property located outside of Benefit Assessment District
- _____ 8. Industrial, manufacturing or wholesale use
- _____ 9. Property will not benefit **
- _____ 10. Other **

** If item numbers 9 or 10 selected, then provide statements outlining the facts supporting petition. (State basis on separate document and attach to this petition.) Attach all relevant documentation supporting your petition.

List all attachments below:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and that this declaration was executed on _____ at _____, California.
Date Place

Print Name of Declarant

Signature of Declarant

An original signature is required for each petition. Photocopies will not be accepted.

Please mail or submit petition and attachments and one (1) complete copy to:

**Los Angeles County Metropolitan Transportation Authority (MTA)
Benefit Assessment District Program
One Gateway Plaza, 23rd Floor
Los Angeles, California 90012
Attention: David Sikes**

For additional information, please call (213) 922-2407.

Business Hours: 8:00 a.m. to 5:00 p.m., Monday through Friday.