ARCATA FIRE DISTRICT

Petition for Adjustment of Benefit Assessment and/or Special Tax

A property owner of the Arcata Fire Protection District may appeal the use of property or the calculation of the Benefit Assessment and/or the Special Tax. An appeal may only be submitted for the current fiscal year. All petitions will be considered pursuant to Resolution 21-232. You may obtain a copy of Resolution 21-232 by contacting the District Office.

Filing deadline for an appeal for the 2026-2027 Property Tax Bill shall be 5:00 pm on December 1, 2026.

I do hereby petition the Arcata Fire District Board of Directors for a review of (place a "x" as applicable):

_____ Arcata Fire District Benefit Assessment Charge for FY2025-2026

_____ Arcata Fire District Special Tax for FY2025-2026

SECTION ONE – Property Identification Information

Assessor Parcel Number: _____

Property Address: _____

_____

Zoning Designation Applied by City or County: _____

_____

Arcata Fire District Benefit Assessment Charge for FY2026-2027 $_____

Arcata Fire District Special Tax for FY2026-2027 $_____

SECTION TWO – Reason for filing appeal

Please provide specific reason(s) why the Benefit Assessment and/or Special Tax is being challenged. Among other things you may wish the District to consider, please state the parcel use category you contend should have been assigned to your property and all facts supporting your contention. (Use additional sheets as necessary.) You may attach permits, maps, pictures, letters or other data to substantiate the challenge.

SECTION THREE – Property owner information

Legal Names of Property Owner(s) as appearing on the latest secured tax roll:_____

_____

_____

Mailing Address: _____

Phone:_____Email:_____

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I/we further declare under penalty of perjury I/we is/are not delinquent in the payment of the Arcata Fire Protection District benefit assessment and/or special tax, as applicable, for the current fiscal year. ***You must*** provide proof of payment to the County in order to receive a reimbursement.

Executed this _____ day of _____, 20____.

Signature: _____

INSTRUCTIONS

This is a PDF form fill document that may be completed on-line or printed and completed in blue or black pen before filing.

Section One

Asmt Number (APN): The Assessment Parcel Number or APN that is defined as the ASMT Number found on your upper left section of the property tax bill under Property Information.

Property Address: Provide the exact physical address of the property, including the city, for the property for which you are requesting to petition.

Arcata Fire District Benefit Assessment Charge: This amount can be found on the Property Tax bill under the section Voter Approved Taxes, taxing agency direct charges and Special Assessments and may appear as ARCATA FIRE ASMT 2006.

Arcata Fire District Special Tax: This amount can be found on the Property Tax bill under the section Voter Approved Taxes, taxing agency direct charges and Special Assessments and may appear as ARCATA FIRE 2020 SPECIAL TAX.

Section Two

Specific Reason: Provide thorough and specific information and an explanation documenting your reason for the petition. This is the information that will be used to evaluate your petition.

Attachments: Submit all documentation that you have that may assist in the evaluation. This can include current photos, maps, letters or other documents that may help substantiate the request.

Section Three

Mailing Address: Complete mailing address for the petitioner where correspondence and reimbursement check may be mailed.

Phone number: A day time phone number, with the area code, is required in the event you need to be contacted for questions regarding the petition.

Email address: An email address may be an alternate method for correspondence.

After completion, please print and sign the petition; Mail or deliver to the Arcata Fire District administrative office located at 2149 Central Avenue, McKinleyville, CA 95519. Be sure and include **ALL** supporting documentation.

All petitions ***must be completed and signed*** and accompanied by proof of payment to the County in order to be considered for reimbursement.

Your petition will be presented to the Board of Directors, and you will be notified of the time and date of your petition hearing, during a Regular scheduled Board Meeting. Following a decision by the Board, you will receive notice of a decision and a refund, if applicable, within 30 days of the Petition Hearing.

Please feel free to contact the District office at 707-825-2000 if you have any questions.