

ELECTION NOTICE

I,	(owner, duly authorized officer
or representative) of the property described in the _	County Assessor's
records as:	
Company Name	
Site Number	
Site Street Address	
Account Number(s)	
have had a meeting (in person or by telephone) with an appraiser for the Oregon Department of Reven	

During the meeting the appraiser explained the election as required by ORS 308.411. This document will serve as my written notice for the following appraisal procedure election.

SELECT ONE OF THE FOLLOWING ELECTIONS

Election #1	(initial and date)	
I elect to have the afore-description	bed industrial property appraised and valued for ad valorem	
tax purposes for January 1, _	excluding the income approach. I am aware that this	
election may limit certain right	nts including my rights to any use of the income approach in	
any appeal of value for the per	iod of time covered by this election. ORS 308.411(2)(a). There	
may be obsolescence that is n	ot measurable.	
Election #2	(initial and date)	
I will provide the information requested in the "Initial Request for Financial Information"		
and any additional data requested following the field inspection. ORS 308.411(4).		

Election #3. ______ (initial and date)
I elect to have the afore-described industrial property appraised and valued for ad valorem tax purposes for January 1, ______ excluding the income approach, but may be required to provide an itemization of operating expenses of the industrial plant for use in measuring functional obsolescence in a market data approach or cost approach to valuation. ORS 308.411(2)(b).

If an owner does not make an election of either option #1 or #3, as described above, then the owner shall make available to the assessor or department all information requested by the assessor or department needed to determine the real market value for the plant. ORS 308.411(4).

CONFIDENTIALITY

Upon my request, and as provided by ORS 308.411(4) and 308.413(1), any information I provide to the assessor or the department for the appraisal described on the other side of this form is provided on the condition that it shall become a confidential record of the department.

□ I request that my information become confidential.

Name	Title
Signature	Date

150-301-020 (Rev. 4-02)