

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

| |
|---------|
| Name |
| Address |
| Address |
| City |

| |
|---------------|
| Home Phone |
| Work Phone |
| Email Address |

| | |
|-------|-----|
| State | Zip |
|-------|-----|

Property / Appeal Type (Check One)

Real
 Personal
 Motor Vehicle
 Manufactured Home

| | |
|----------------------|----------------|
| Property ID Number | Account Number |
| Property Description | |

Specify Grounds for Appeal:

You must select only one of the following options:

Check all that apply

| | |
|--------------------|--------------------------|
| Value | <input type="checkbox"/> |
| Uniformity | <input type="checkbox"/> |
| Taxability | <input type="checkbox"/> |
| Exemption Denied | <input type="checkbox"/> |
| Breach of Covenant | <input type="checkbox"/> |
| Denial of Covenant | <input type="checkbox"/> |

BOE: appeal to the county board of equalization with appeal to the superior court (any / all grounds)

* ARBITRATION: to arbitration with an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)

HEARING OFFICER: for (1) nonhomestead real property (and contiguous real property) or (2) wireless personal property account(s) with a FMV in excess of \$750,000, to a hearing officer with appeal to superior court (value and uniformity only)

* SC: Directly to Superior Court (requires consent of BOA) (any / all grounds)

Owner's value assertion (required)

* Additional Cost / Fees May apply

Property Owner Comments

Property Class
 Residential
 Commercial
 Industrial
 Agricultural
 Other: _____

Signature of Property Owner or Agent

Date

NOTE: If the appeal form is signed by an agent, a letter of authorization must accompany the filing of the appeal.

Agent's Address:

Agent's Phone #

Agent's Email Address:

NOTE: Filing of this document will create a review of the county's assessment. Reasonable notice is herein provided that an onsite inspection of the subject property by a member of the county appraisal staff may be performed.

Assessors Use Only

| | Previous Year Value | Taxpayer's Returned Value | Current Year Value |
|------|---------------------|---------------------------|--------------------|
| 100% | | | |
| 40% | | | |

Date Received:

Received By:
