

This form is to be filed with your County Board of Tax Assessors

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

Name					Home Phone		
Address					Work Phone		
Address					Email Address		
City		State		Zip			

Property / Appeal Type (Check One)

☐ Real
 ☐ Personal
 ☐ Motor Vehicle
 ☐ Manufactured Home

Property ID Number		Account Number	
Property Description			

Specify Grounds for Appeal:

<i>Check all that apply</i>	
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"/>

You must select only one of the following options:

- ☐ BOE: appeal to the county board of equalization with appeal to the superior court (any / all grounds)
- * ☐ ARBITRATION: to arbitration without an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)
- * ☐ HEARING OFFICER: for a parcel of nonhomestead property with a FMV in excess of \$1 million, 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)
- * Additional Cost / Fees May apply

Property Owner Comments: _____

Property Class ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural ☐ _____

Signature of Property Owner or Agent

Owner/Agent Declared Value

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 Return Value	Current Year Value
	100%			
	40%			

Date Received: _____ Received by: _____

PRINT