

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:

You must select only one of the following options:

<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"/>

- 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 \$500,000, 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: _____
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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:
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