2025 COUNTY TAX OFFICIALS CERTIFICATION

COUNTY NAME:

Please duplicate additional sheets as needed

	Board of Tax Assessors	County Board of Commissioners
Chairman:		
County Office Mailing Address - Line 1:		
County Office Mailing Address - Line 2:		
City, State, Zip:		
County Office Phone Number:		
FAX Number:		
Email Address for Official Communications:		

BOARD OF TAX ASSESSORS MEMBERS AS OF DATE OF COMPLETION OF FORM In the spaces below, please complete the requested information for each member of the BOARD OF ASSESSORS. If a vacancy exists, mark in the name section "VACANT" and provide the anticipated date an appointment is expected to be made to fill the vacancy.

NAME	ORIGINAL DATE OF APPOINTMENT	TERM LENGTH 3, 4, 5 OR 6 YEARS?	EXPIRATION DATE OF CURRENT TERM	Signature of person completing form
Chairman:				Name: _____
Member:				
Member:				Signature:_____
Member:				
Member:				DATE: _____

Certification of 2025 Parcel Count:		
	Total Taxable Real	
	Total Exempt Real	

SUPPORT STAFF AS OF DATE OF COMPLETION OF FORM In the spaces below, please complete the requested information for each SUPPORT STAFF position. If a position is currently vacant, mark in the name section "VACANT" and provide the anticipated date the vacancy is expected to be filled. Please complete the brief description of duties section.

NAME	POSITION HELD	DATE EMPLOYED		BRIEF DESCRIPTION OF DUTIES

APPRAISAL STAFF AS OF DATE OF COMPLETION OF FORM In the spaces below, please complete the requested information for each APPRAISER on staff. If a position is currently vacant, mark in the name section "VACANT" and provide the anticipated date the vacancy is expected to be filled. Please duplicate additional sheets as needed.

APPRAISER'S NAME	APPRAISER LEVEL I, II, III, IV	POSITION (REAL/PERS.)	HIGHEST EDUCATION	DATE EMPLOYED	(GCA CAE)	SUPERVISORY DUTIES?	NUMBER SUPERVISED
Chief Appraiser:							
Appraiser:							
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