

## APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: \_\_\_\_\_

Name
Address
Address
City

State

Zip

Home Phone
Work Phone
Email Address

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 \$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)

\* Additional Cost / Fees May apply

Owner's value assertion  
(required)

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 #

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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: