

APPEAL OF ASSESSMENT FOR DIGEST YEAR:

Appeal No: _____

Property Owner's Name	_____	Home Phone	_____
Address	_____	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:

<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 ☐ Other _____

Signature of Property Owner or Agent

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 value of the property being appealed. Reasonable notice is hereby provided that an onsite inspection by a member of the county appraisal staff may be required.

	Previous Year Value	Taxpayer's Returned Value	Current Year Value
100%	_____	_____	_____
40%	_____	_____	_____

Date Received:	_____	Received by:	_____
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