

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

Name
Address
Address
City

Home Phone
Work Phone
Email Address

State	Zip
-------	-----

Property / Appeal Type (Check One)

Real
 Personal
 Motor Vehicle
 Manufactured Home

Property ID Number	Account Number
Property Description	

Specify Grounds for Appeal:

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"/>

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 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: _____

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:
----------------	--------------