

**APPEAL OF ASSESSMENT FOR DIGEST YEAR :**  

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

<b>Name</b>		<b>Home Phone</b>	
<b>Address</b>		<b>Work Phone</b>	
<b>Address</b>		<b>Email Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	

Property / Appeal Type (Check One)

Real     
  Personal     
  Motor Vehicle     
  Manufactured Home

<b>Property ID Number</b>		<b>Account Number</b>	
<b>Property Description</b>			

**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)

**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:**