

Carroll County Board of Assessors
423 College Street
P. O. Box 338
Carrollton, GA. 30112
(770)830-5812

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 _____	

<p>Specify Grounds for Appeal:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2" style="padding: 2px;"><i>Check all that apply</i></th> </tr> <tr> <td style="padding: 2px;">Value</td> <td style="width:20px; text-align: center;">_____</td> </tr> <tr> <td style="padding: 2px;">Uniformity</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="padding: 2px;">Taxability</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="padding: 2px;">Exemption Denied</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="padding: 2px;">Breach of Covenant</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="padding: 2px;">Denial of Covenant</td> <td style="text-align: center;">_____</td> </tr> </table>	<i>Check all that apply</i>		Value	_____	Uniformity	_____	Taxability	_____	Exemption Denied	_____	Breach of Covenant	_____	Denial of Covenant	_____	<p>You must select only one of the following options:</p> <p><input type="checkbox"/> BOE: appeal to the county board of equalization with appeal to the superior court (any / all grounds)</p> <p>* <input type="checkbox"/> ARBITRATION: to arbitration without an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)</p> <p><input type="checkbox"/> 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)</p> <p>* <input type="checkbox"/> SC: Directly to Superior Court (requires consent of BOA) (any / all grounds)</p> <p><small>* Additional Cost / Fees May apply</small></p>
<i>Check all that apply</i>															
Value	_____														
Uniformity	_____														
Taxability	_____														
Exemption Denied	_____														
Breach of Covenant	_____														
Denial of Covenant	_____														

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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