

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

Home Phone	
Work Phone	
Email Address	_____

Property / Appeal Type (Check One)

Real
 Personal
 Motor Vehicle
 Manufactured Home

Property ID Number		Account Number	1
Property Description			

<p>Specify Grounds for Appeal:</p> <p style="text-align: center; border: 1px solid black; padding: 2px;"><i>Check all that apply</i></p> <table style="width: 100%;"> <tr><td>Value</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Uniformity</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Taxability</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Exemption Denied</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Breach of Covenant</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Denial of Covenant</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	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"/>	<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 style="color: red;">* Additional Cost / Fees May apply</p>
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"/>												

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:** _____