



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

Property Description

Specify Grounds for Appeal:

Check all that apply

Value

Uniformity

Taxability

Exemption Denied

Breach of Covenant

Denial of Covenant

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: