

**APPEAL OF ASSESSMENT FOR DIGEST YEAR :**

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

	<b>Home Phone</b>	
	<b>Work Phone</b>	
	<b>Email Address</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>			

<p><b>Specify Grounds for Appeal:</b></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><b>You must select only one of the following options:</b></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.**

	<b>Previous Year Value</b>	<b>Taxpayer's Returned Value</b>	<b>Current Year Value</b>
<b>100%</b>	_____	_____	_____
<b>40%</b>	_____	_____	_____

<b>Date Received:</b> _____	<b>Received by:</b> _____
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