

TALBOT COUNTY BOARD OF TAX ASSESSORS
38 SOUTH JEFFERSON AVE.
PO BOX 337
TALBOTTON, GA 31827
(706) 665-3377
TALBOTTAX@GMAIL.COM

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

Property Owner's Name: _____ Address: _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Home Phone</td> <td>_____</td> </tr> <tr> <td>Work Phone</td> <td>_____</td> </tr> <tr> <td>Email Address</td> <td>_____</td> </tr> </table>	Home Phone	_____	Work Phone	_____	Email Address	_____
Home Phone	_____						
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 style="text-align: center;">Check all that apply</th> <th></th> </tr> <tr> <td>Value</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Uniformity</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Taxability</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Exemption Denied</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Breach of Covenant</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Denial of Covenant</td> <td><input type="checkbox"/></td> </tr> </table>	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"/>	<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>
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"/>														

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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