Income & Expense Appeal Form June 1, 2019 Filing period

Location of Property				
Account Number		_		
Property Owner				
Mailing Address				
City State Zip				
Phone number				
Please state reason the good cause for the omis	sion	omplete or not fil	•	ion should demostrate
	L FORM and REQU S OFFICE NO LATE YOUR APPEA	IRED DOCUME R THAN SEPTI L TO BE CONS	ENTS MUST BE EMBER 28, 2019 SIDERED.	"RECEIVED" BY 9 IN ORDER FOR
Signature of property owner		Date		ı
Subscribed	and sworn to, before	me, this	_ day of	, 2019
		Notary Public My commission	expires	
Assessors Use Only	Appeal Approved	Denied		
Assessor Signature		Date		