

**BUTTS County Board of Assessors
(770)775-8207 / FAX: (770)775-8249**

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

Name
Address
Address
City

Home Phone
Work Phone
Email Address

State Zip

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	<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"/>

You must select only one of the following options:

- | | |
|----------------------------|---|
| <input type="checkbox"/> | BOE: appeal to the county board of equalization with appeal to the superior court (<i>any / all grounds</i>) |
| * <input type="checkbox"/> | ARBITRATION: to arbitration with an appeal to the superior court (valuation only) |
| <input type="checkbox"/> | HEARING OFFICER: for (1) nonhomestead real property (and contiguous real property) or (2) wireless personal property account(s) with a FMV in excess of \$500,000, to a hearing officer with appeal to superior court (value and uniformity only) |
| * <input type="checkbox"/> | SC: Directly to Superior Court (requires consent of BOA) (<i>any / all grounds</i>) |

* Additional Cost / Fees May apply

Owner's value assertion (required)

Property Owner Comments

Property Class: Residential Commercial Industrial Agricultural Other _____

Signature of Property Owner or Agent _____

Date _____

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 assessment. Reasonable notice is herein provided that an onsite inspection of the subject property by a member of the county appraisal staff may be performed.

Assessors Use Only		Previous Year Value	Taxpayer's Returned Value	Current Year Value
	100%			
	40%			

Date Received: _____

Received By: _____