

APPEAL OF ASSESSMENT FOR DIGEST YEAR :

Appeal No: _____

Name

Home Phone

Address

Work Phone

Address

Email Address

City

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

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 with an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)

☐

HEARING OFFICER: for (1) nonhomestead real property (and contiguous real property) or (2) wireless personal property account(s) with a FMV in excess of \$750,000, 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)

**Owner's value assertion
(required)***** Additional Cost / Fees May apply**

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: