

APPLICATION FOR REVIEW OF ASSESSMENT

Owner: _____ Date _____

Property description/location: _____

Acres/lots: _____ Present value: _____

Buildings: _____ Present value: _____

REVIEW OF AN ASSESSMENT MAY RESULT IN ANY OF THE FOLLOWING ACTIONS:

- (1) No Change (2) Increased Assessment (3) Decreased Assessment

In support of this application, one or both of the following statements should be checked.

A. _____ The above property is appraised at more than its total fair market value

Your estimate of fair market value: \$ _____

B. _____ Is not equitably assessed as compared with like surrounding properties

Proof must be presented in evidence of "A" or "B" before a review can be made. In support of "A", list your reasons in detail including recent sales of comparable properties, state what you consider the fair market value of your property to be and explain. In support of "B", include location of comparable properties with their assessments and state reason for inequality. If additional space is required, please attach any extra sheets to this form. Information regarding assessments is available at the assessor's office.

If information contained herein indicates a review is warranted, an inspection of the property will be made. Notification of action taken will be by letter.

I certify that the descriptions and statements contained in this application are to the best of my knowledge both correct and true. Given under my hand this _____ day of _____ yr. _____

(owner/agent signature)

(telephone #)

(mailing address)