APPEAL OF ASSESSMENT FOR DIGEST YEAR: Appeal No: Home Phone **Work Phone Email Address** Property / Appeal Type (Check One) Personal Motor Vehicle Manufactured Home Property ID Number **Account Number Property Description** You must select only one of the following options: **Specify Grounds for Appeal:** BOE:appeal to the county board of equalization with appeal to the superior court Check all that apply (any / all grounds) Value ARBITRATION: to arbitration without an appeal to the superior court (valuation is Uniformity

Real

Taxability	only grounds that may be appealed to arbitration)
Exemption Denied	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
Breach of Covenant	uniformity only)
Denial of Covenant	* SC: Directly to Superior Court (requires consent of BOA) (any / all grounds)
	* Additional Cost / Fees May apply
Property Owner Comments:	
Property Class Residential	Commercial Industrial Agricultural
Signature of Property Own	<u> </u>
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 Return Value	Current Year Value	
	100%				
	40%				
Date Received:		Re	ceived by:		
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