APPLICATION FOR APPEAL OF PROPERTY ASSESSMENT

For appeals to the Tax Assessor, this form must be filed with the local office of tax assessment within ninety (90) days from the date the first tax payment is due. For appeals to the local tax board of review, this form must be filed with the local tax board of review not more than thirty (30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal. Not more than ninety (90) days after the expiration of the forty-five (45) day period.

NOTE: Inability to pay is not a valid reason for filing an appeal of assessed valuation.

1. TAXPAYER INFORMATION:
   a. Name(s) of Assessed Owner___________________________________________
   b. Name(s) and Status of Applicant (if other than Assessed Owner): ________________ Subsequent Owner (Acquired Title after December 31, on __________ 20___)
     Administrator/Executor_______ Lessee_______ Mortgagee_______ Other Specify________________________________
   c. Mailing Address and Telephone Number__________________________________
      __________________________________ (____) ______-__________
   d. Previous Assessed Value $____________________________
   e. New Assessed Value $________________________________

2. PROPERTY IDENTIFICATION: Complete using information as it appears on tax bill.
   a. Tax Bill Account No.____-_______-____ Assessed Valuation $______________
      Annual tax $________________________
   b. Location: _________________________ Description _________________________
      No. Street and Zip Code
      Real Estate Parcel Identification: Map_______ Parcel_______ Type____________
      Tangible Personal Identification:____________________________
   c. Date Property Acquired: ________________________ Purchase Price $____________
Total Cost Improvements $______________________________

Have you filed a true and exact account this year with the Tax Assessor as required by law?
Yes: ___________ No: ___________

What is the amount of Fire Insurance on the Building? $________________________

3. **REASON FOR APPEAL SOUGHT**: Check reason(s) Appeal is warranted and briefly explain why it applies. Continue explanation on attachment if necessary.

- ___________ Over Evaluation _____________ Incorrect Usage Classification
- ___________ Disproportionate Assessment _____________ Other, Specify

Applicant’s Opinion of Value $________________________

Fair Market Value Class Assessed Value

Describe any improvements made during the last five years and cost: ______________________

____________________________________________________________________________

____________________________________________________________________________

Comparison Properties that support your claim:

Address: Sale Price: Sale Date: Property Type: Assessed Value:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

4. **SIGNATURES**:

____________________________________________________________________________

(Name of Preparer) Address Telephone Number

**THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. TO AVOID THE ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX MUST BE PAID AS ASSESSED**

INCOMPLETE APPLICATIONS WILL BE RETURNED AND ADDITIONAL INFORMATION MAY BE REQUIRED AFTER REVIEW OF INITIAL APPEAL
TAXPAYER INFORMATION ABOUT APPEAL PROCEDURE

A. WHO MAY FILE AN APPLICATION?

You may file an application if you are:

1. Assessed Owner or Subsequent (acquiring title after December 31) Owner of the property.
2. The Owner’s Administrator or Executor.
3. A tenant paying rent who is obligated to pay more than one-half of the property tax.
4. A person owning or having an interest in or possession of the property.
5. A mortgagee if the assessed owner has not applied.

PROPERTY TAXES MUST BE CURRENT DURING FILING PROCESS. The owner, or member of his/her family with written authority, in the event the owner cannot attend, or an Attorney representing the owner, may be present at the hearing. If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

B. WHEN AND WHERE APPLICATION MUST BE FILED

Your application must be filed with the Assessor’s Office on or before August 30th. Applications filed for omitted, revised, or reassessed taxes must be filed within 90 days of the date that the supplemental bill was mailed.

C. PAYMENT OF TAX

To avoid any loss of rights or additional charges, you MUST pay the tax assessed. If abatement is granted and you have already paid the entire years tax, you will receive a refund for an overpayment.

These deadlines cannot be extended or waived by the Assessor for any reason. If your application is not timely filed, you lose all rights to an appeal and the Assessor cannot by law grant you one. An application I filed when received by the Assessor.

________________________________________________________

DISPOSITION OF APPLICATION (ASSESSOR’S USE ONLY)

DATE RECEIVED: ______________________________

REQUEST FOR HEARING BEFORE BOARD OR ASSESSMENT REVIEW:

_____________ YES ______________ NO

HEARING DATE: MONTH__________________DAY_____________ YEAR_______________
DISPOSITION:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

ASSESSOR: ________________________________________________

DATE: _____________________________________________________