

Real Property Formal Appeal for the August Equalization Hearings

Date:			Parcel Number:	
Tax Year:			PPIN Number:	
Taken By:			Letter of Authorization :	Yes No
Owner's Name:			Telephone Number:	
Property Address:			Mailing Address:	
Opinion of Value:			Assessor's Recorded Value:	
Land Value:			Land Value:	
Improvement Value:			Improvement Value:	
Total Value:			Total Value:	
Is the property mortgaged:	Yes No		Is there a deed of trust:	Yes No
Are you an appraiser:	Yes No		Amount of deed of trust:	
Is the property insured:	Yes No		Amount of insurance:	
Date of acquisition:			Full purchase price:	

There are three approaches to value typically associated with valuing property. These are the cost approach, income approach, and sales comparison approach. Please include all calculations, supporting documents and a summarization for each approach considered when determining your opinion of true / market value.

The following information is requested: any appraisals that have been completed in the past three years; any sales data pertaining to comparable properties; a cost work-up on the subject property; the last two years of certified income and expense statements on the subject property. In order to process this request for review, this form must be filled out in its entirety. **(An opinion of true / market value and a detailed explanation for disagreeing with the assessor's value must be given or this request for review will not be processed.)**

Reason:

I do attest and affirm to the best of my knowledge and belief, under penalty or perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Signature of applicant		Signature of person taking request	
(Print Name)		(Print Name)	

By: _____
Attorney-Agent-Guardian

If signed by anyone other than self or spouse, attach a _____ copy of authority. **Section 27-33-31(0)**

Assessor's Office Use Only

Notes/Action Taken
