

Received By: _____ Date: _____ Number: _____
(appraiser)

RECORD OF APPEAL TO LOCAL BOARD OF APPEAL & EQUALIZATION

Parcel Code (s): 1. _____ 2. _____
3. _____ 4. _____

Name: _____ Daytime phone #: _____

Address: _____

The purpose of this meeting is to review your appeal of one or both of the following:

1. The ESTIMATED MARKET VALUE (what your property would sell for if offered for sale on the open market).
2. The PROPERTY CLASSIFICATION (residential, rural vacant land, seasonal, commercial, etc).
3. If you refuse to allow an assessor to inspect your property, the Board cannot adjust the market value or classification in a way that would benefit the property owner.

This board of appeal and equalization is to hear your appeal regarding the above issues ONLY, and cannot make any changes for previous years.

Please give a brief explanation of what you are appealing, including any supporting information.

NOTE: You are not required to make your appeal to the board in person. This form will be accepted as a written appeal, and you will be given equal consideration by the board. A final decision on your appeal must be made within 20 days. You will be informed in writing of the board's decision.