

**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 formal appeal, 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 formal appeal request will not be processed.)**

Section 27-1-23 grants the Tax Assessor's office the authority to inspect property and demand data. It is the Tax Assessor's duty to require of any property owner an inspection of necessary records to ensure the property is assessed at the appropriate value.

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	(Print Name)	Signature of person taking request	(Print Name)
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By: _____

Attorney-Agent-Guardian

If signed by anyone other than self or spouse, attach a copy of authority. **Section 27-33-31(0)**
 Objections shall be filed in writing to Chancery Clerk by the first Monday BOS Meeting in August. **Sections 27-35-89 & 27-35-93**

Assessor's Office Use Only

Notes/Action Taken
