

Tax Year \_\_\_\_\_

Appeal # \_\_\_\_\_

**NOTICE OF APPEAL OF PROPERTY ASSESSMENT**

This form is for you to appeal the assessed valuation on your property. Complete Blocks 1, 2 and 3. Retain a copy for your records and mail or deliver the original to the City Clerk's office. Appeals must be received no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

**1]**

I appeal the value of tax parcel #: \_\_\_\_\_

Property address or legal description: \_\_\_\_\_

Owner's name and mailing address: \_\_\_\_\_

Address to which all correspondence should be mailed (if different from above) \_\_\_\_\_

email: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**2]**

Assessor's Value (from Assessment Notice)	Land:	Building:	Total:	Purchase date:
Owner's estimate of value	Land:	Building:	Total:	Purchase date:

Owner's reason for estimate of value (including inventory corrections, sales of comparable properties, and property income statements, if appropriate). The Appellant bears the burden of proof. The only grounds for adjustment of assessment are proof of unequal, excessive, improper, or under-valuation based on facts that are stated in a valid written appeal or proven at the appeal hearing.

**3]**

I hereby affirm that the foregoing information is true and correct, that I have read and understand the guidelines above, and that I am the owner or owner's authorized agent of the property described above.

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Print name  
(if different from item #1)

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Received by