



CITY OF CORDOVA

PROPERTY ASSESSMENT APPEAL FORM

Due by date indicated on the assessment notice

Tax Year _____

Appeal # _____

AS 29.45.110(a) The assessor shall assess the property at its full and true value which is the estimated price that the property would bring in an open market and under the then prevailing market conditions in a sale between a willing seller and a willing buyer. AS 29.45.210 (b) 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.

This form is for you to appeal the assessed value on your property. Complete page 1. Retain a copy for your records and submit the original to the City Clerk's office or by email to cityclerk3@cityofcordova.net. Appeals must be received no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

Owner(s) Name:	Parcel ID Number:
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Mailing Address:	Physical Address or Legal Description:
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Phone Number:	Email Address:
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Assessed Value from Assessment Notice	Land: \$	Building: \$	Total: \$	Year Purchased
Owner's Opinion of Value	Land: \$	Building: \$	Total: \$	Purchased Price \$

Mark reason for appeal and provide a factual, detailed explanation below for your appeal to be valid
 Value is Excessive Value is Improper Value is Unequal to Similar Properties Undervalued

Owner's reason for opinion of value (including inventory corrections, sales of comparable properties and property income statements, if appropriate). The appellant bears the burden of proof.
 The following are **NOT** grounds for appeal:
 *The taxes are too high * The value changed too much in one year *You can't afford the taxes

You must provide specific reasons and provide evidence supporting the item checked above.

(Please attach another page if you need more space)

Has the property been advertised FOR SALE within the past 3 years?
 If Yes, what was the advertised price.

Has the property been appraised by a private fee appraiser within the past 3 years?
 If Yes, submit a complete copy of appraisal with your appeal.

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:
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Received by:	Date:
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Assessor's Decision	From	Land:	Bldg:	Total:
	To			

Assessor's reason for decision:

Date received:	Decision made by:	Date:	Approved by:	Date:	Date mailed:
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APPELLANT'S RESPONSE. You may use the space below to indicate whether you AGREE or DISAGREE with the Assessor's decision. Retain a copy for your records and either mail or deliver the original to the City Clerk's office. If the City Clerk does not receive notice that you agree with the Assessor's decision, your original appeal will automatically be referred to the Board of Equalization.

_____ **I ACCEPT** the Assessor's decision in Block 4 above and hereby withdraw my appeal.

_____ **I DO NOT ACCEPT** the Assessor's decision in Block 4 above and desire to have my appeal presented to the Board of Equalization.

Response delivered by: _____ Mail _____ Phone _____ In Person

Signature of owner or authorized agent Date signed Printed name

Board of Equalization Decision	Land:	Bldg:	Total:
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REASON FOR BOARD OF EQUALIZATION DECISION:

Date of mailing of Board of Equalization Decision: _____

THE DECISION OF THE BOARD OF EQUALIZATION STATED ABOVE IS FINAL. THE APPELLANT AND THE ASSESSOR HAVE THIRTY (30) DAYS FROM THE DATE OF MAILING OF THE BOARD OF EQUALIZATION DECISION TO APPEAL THE DECISION TO THE SUPERIOR COURT.