

## CITY OF CORDOVA

## PROPERTY ASSESSMENT APPEAL FORM

Due by date indicated on the assessment notice

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

Tax Year	
Appeal #	

- 1	and under the then prevailing	-		_		
	rounds for adjustment of as a valid written appeal or p		-		or under valuation based	
					our records and submit the	
	's office or by email to city					
	ent Notice. The Assessor v					
Owner(s) Name:			Parcel ID Number:			
Mailing Address:			Physical Address or Legal Description:			
Phone Number:		Email Address:				
		_		<b>.</b>		
Assessed Value from	Land:	Building:		Total:	Year Purchased	
Assessment Notice	\$	\$		\$		
Owner's Opinion of	Land:	Building:		Total:	Purchased Price	
Value	\$	\$		\$	\$	
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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						
[ ] Value is Excessive	[ ] Value is Improper			•	] Undervalued	
	on of value (including inve			comparable properties and	property income	
The following are <b>NOT</b> g	e). The appellant bears the l	burden of pro	OI.			
*The taxes are		ua ahangad ta	oo much in oi	aa yaar	t afford the taxes	
	ic reasons and provide evid				t afford the taxes	
Tou must provide specifi	e reasons and provide evid	енее зарроги	ing the item of	necked doove.		
	-					
(Please attach another pag	ge if you need more space)	)				
Has the property been ad	vertised FOR SALE within	n the past 3 ye	ears?			
If Yes, what was the adve	ertised price.					
Has the property been app	praised by a private fee app	praiser within	the past 3 year	ars?		
	e copy of appraisal with yo					
_	oregoing information is tru			ad and understand the gui	delines above, and that I	
	authorized agent of the pro	perty describ	ed above.			
Signature of Owner or Au	uthorized Agent:			Date:		
D : 11				D .		
Received by:				Date:		

			-			
Assessor's	From	Land:		Bldg:	Total:	
Decision	То	1				
Assessor's reason	for decision:					
Date received:	Decision ma	ade by:	Date:	Approved by:	Date:	Date mailed:
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:MailPhoneIn Person						
Signature of owner or authorized agent		Date signed	Printed nam	ne		
Board of Equalization Decision		Land:		Bldg:	Total:	
REASON FOR BO	OARD OF EQ	UALIZATION	DECISION:			
Date (	of mailing of I	Board of Equaliz	zation Decisio	on:		_
		30) DAYS FRO	OM THE DAT	ON STATED ABOVE IS TE OF MAILING OF THI SION TO THE SUPERIO	E BOARD OF E	APPELLANT AND THE QUALIZATION DECISION

Page 2

Appeal #

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