

2019 Valuation Appeal Form

* Required Fields

Parcel Number: * _____ Please submit a completed form for each parcel number.

Property Address: * _____

Owner(s): * _____

Appellant: * _____

Appellant Mailing Address: * _____

City: _____ **State:** _____ **Zip:** _____

Appellant Contact Number: * Home: (____) _____ Cell: (____) _____ Work: (____) _____

Appellant E-mail: _____

Signature: * _____ **Date:** * _____

* Non-owner appellants must include a notarized power-of-attorney form signed by the property owners with this appeal.

A change in value will be considered if the owner can demonstrate that assessed market value differs from the true market value as of the revaluation date of 1/1/2015 or is inconsistent with the assessed market value of other similar properties.

A review of the property may result in a value being reduced, increased, or remaining unchanged. **Appeals cannot be based on: the amount of your tax bill; percentage of increase/decrease from previous assessments; or your ability to pay the tax bill.**

Please indicate if any of the following applies to your property. (Mark one or both)

The property is not appraised at true market value as of 1/1/2015. If marked, complete Section 1.

The property is not equally appraised as compared to similar properties. If marked, complete Section 2.

Please include any documents, or evidence which support your value. Examples could include: recent appraisals, photos (or other documentation) of unusual damage or issues, or sales between 1/1/2013 and 1/1/2015 of similar properties.

Section 1

What do you believe the market value was as of **1/1/2015**? * \$ _____

What evidence do you have to support this market value? _____

Are there any unusual circumstances that may affect the property value? _____

Was the parcel purchased between 1/1/2013 and 1/1/2015? Yes No

If yes, what was the date and price? _____ / _____ / _____ \$ _____

Section 2

Why do you believe this property is not equally appraised to similar properties? _____

