

NOTICE OF APPEAL OF ASSESSMENT

TAX YEAR _____

PARCEL #: _____

I hereby request an appointment of appeal of the assessment applied to the following property:

Appellant Owner: _____

Mailing Address: _____

Location of Property: _____

Non-owner Appellant: Attach duly executed power of attorney

Company Name: _____

Mailing Address: _____

Attorney Representing Company: _____ Phone: _____

Did you request a review of this property by a County Appraiser in this or prior years? _____ What year? _____

Value Under Appeal: \$ _____ Taxpayer's Opinion of Value: \$ _____

TAXPAYER'S OPINION OF VALUE IS NECESSARY FOR PROCESSING THIS APPLICATION.

Reason for Appeal:

Has an independent appraisal been made on this property? If yes, please attach complete appraisal. Yes ___ No ___

Date: _____ Appraiser's Name: _____ Appraised Value: \$ _____

Sales History: Date of Last Sale: _____ Sale Price: \$ _____

Cost of improvements made after sale: \$ _____

Comparable Properties (Owner, Street No., Acres, etc.)	Sales Price	Date
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

If income-producing property, attach income statements for the years 2015, 2016, 2017.

Enclose all evidence to support your appeal along with this appeal notice. You must present evidence to support your opinion of value, such as appraisals, comparable properties, income and expense statements, etc.

TAXPAYER'S AFFIRMATION: UNDER THE PENALTIES PRESCRIBED BY LAW, I HEREBY AFFIRM TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL INFORMATION SUBMITTED ON THIS FORM AND ACCOMPANYING STATEMENTS ARE TRUE AND COMPLETE.

Signature: _____

Date: _____ Work No: _____

Please Print Signature: _____

Home Phone Number: _____