

2024 Valuation Appeal Form

by the property owners with this appeal.

* Required Fields

Parcel Number: *			
Property Address: *			
Owner(s): *			
Appellant: *			
Appellant Mailing Address: *			
City: *			
Appellant Contact Number: *			
Home: () Cell: ()	Work: ()	
Appellant E-mail:			
Signature: *			
* Non-owner appellants must include	e a notarized pov	ver-of-attorney form signed	



A change in value will be considered if the owner can demonstrate that the assessed market value differs from the true market value as of the revaluation date of 1/1/2021 or is inconsistent with the assessed market value of other similar properties. 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. A review of the property may result in a value being reduced, increased, or remaining unchanged.

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 1/1/2021.
If marked, complete Section 1 on the following page.
The property is not equally appraised as compared to similar properties.
If marked, complete Section 2 on the following page.

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 1/1/2018 and 1/1/2021 of similar properties.



Section 1

What do you believe the market value was as of 1/1/2021? * \$
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 1/1/2018 and 1/1/2021? 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?