

Property Tax Assessment Appeal Form

A separate form must be filed for each parcel assessment appealed.

See Reverse Side for Instructions

1. Appellant Name: _____
Appellant is a: Natural Person Corporation LLC Public Officer
 Partnership Joint Venture Trust Other _____
2. Appellant Mailing Address: _____ Zip Code _____
3. Appellant Phone: (____) _____ - _____
4. Representative Name: _____ Title: _____
a. Mailing Address: _____
b. Representative Phone: (____) _____ - _____
5. Appellant hereby appeals from the decision of the _____ County Board of Equalization dated _____, _____, and mailed on _____, _____ (if known).
6. Exemption Claimed: _____ Exemption Statute: _____
7. Check box if assessment notice is attached as required. Parcel No. _____
- | | | | |
|---|----------|---|----------|
| <u>Value set by County Board of Equalization:</u> | | <u>Appellant's value claim as of January 1:</u> | |
| Land | \$ _____ | Land | \$ _____ |
| Improvements | \$ _____ | Improvements | \$ _____ |
| Other | \$ _____ | Other | \$ _____ |
| Total Market Value | \$ _____ | Total Market Value | \$ _____ |
9. Basis or reason for the appeal: _____

10. The undersigned attests the contents of this appeal form are accurate to the best of my knowledge.

Appellant Signature (or Representative)

Date Signed

Print Name

Title

Date mailed or hand-delivered
to County Auditor

Hand-delivered

Postmark

This appeal must be filed with the County Clerk/Auditor.

Instructions

Use this form to appeal a decision of the County Board of Equalization (BOE). A separate appeal form is required for each parcel assessment being appealed.

Important: This appeal form and any attachments must be **filed with the County Clerk/Auditor within 30 days** after the mailing of a decision of the BOE or pronouncement of a decision at hearing. Idaho Code § 63-511.

The following instructions correspond to the numbers on the front side of this form.

1. Please print the full name of the property owner (Appellant).
2. Provide the mailing address of the person filing the appeal. Appellant must keep the Board and the opposing party informed of any changes in mailing address.
3. Provide the telephone number of the person filing the appeal. Appellant must keep the Board and the opposing party informed of any changes in telephone number.
4. A taxpayer has the right to appear or to be represented by another person of his choosing.
5. If available, attach the envelope, or a copy of the envelope, in which the BOE decision was mailed.
6. If issue in the appeal is an exemption, please identify the claimed exemption and the applicable Idaho statute.
7. Attach a copy of the current assessment notice for the parcel being appealed. If not available, include a statement noting such.
8. Appellant must specify the total value claim for the parcel; however, may allocate the value between land and improvement components.
9. Enter a summary statement of the reason(s) for the appeal. Attach additional pages if needed.
10. Must be signed by Appellant or Appellant's representative.

If you have any questions, please contact the BTA at **208-334-3354**.