

MARKET VALUE SETTLEMENT FORM

1. Appellant's full name:

Parties may use this form to file a market value settlement agreement.

2.	. Respondent's full name:			
3.	List each appeal number applicable to this settlement:			
4.	The parties agree to the following fair market value for the subject property, and hereby request the Board to enter a corresponding Final Order Setting Value. The parties further agree that entry by the Board of an order setting value will resolve all issues on appeal.			
	Parcel No.	Full Market Value	<u>Land Value</u>	Improvement Value
5. The undersigned agree to the contents of this form and attest to their accuracy				
	Appellant's Signature (or representative)	e	Respondent's Sig	gnature
	 Print Name		Print Name	
	Title:		Title:	
	Date Signed:		Date Signed:	

Pursuant to BTA Rule 66, this settlement form may be filed by fax at 208-334-4060. If fax-filed, an original MUST be hand-delivered or mailed the same day to: Idaho Board of Tax Appeals, 1673 W. Shoreline Drive, Suite 120, Boise, ID 83702.

Upon receipt of this form, the Board will review the terms and may require further information. Contact the Board of Tax Appeals at 208-334-3354 for questions about this form.

