

MARKET VALUE SETTLEMENT FORM

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

I. Appell	ant's full	name:				
2. Respondent's full name:						
hereby parties	request	the Board to en agree that entry	ter a co	rresp	ket value for the su onding Final Order d of an order setting	Setting Value. Th
<u>Appe</u>	al No.	Parcel No.	<u>Lar</u> Valı		Improvement(s) Value	Full Market <u>Value</u>
I. The ur	ndersigne	ed agree to the o	contents	s of th	is form and attest t	o their accuracy.
	Appellant Signature (or Representative)			Res	oondent Signature	
Print N	lame			Prin	t Name	
Title: _				Title	:	
Date S	Sianed:			Date	e 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 mailed or hand-delivered** the same day to: Idaho Board of Tax Appeals, 1673 W. Shoreline Dr., Ste. 120, Boise, ID 83702.

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

