Taxpayer Petition to the County Board of Equalization for Review of Personal Property Valuation Determination

Office Use Only		Tax Parcel No:				
Peti	tion		I request the information	n		
Date			used by the assessor in valuing my property.			
			valuing my property.			
mai exte The on t	ling of the change of value ended the deadline). If fili e undersigned petitions the the assessment roll for	e or other determination noting after July 1, a copy of the Board of Equalization to ch for taxes payable in	ly 1 of the current assessment year or 30 days after the dat ice (60 days in those counties that the Legislative Authorit determination notice must be attached to this petition. nange the valuation of the property described below as sho to the amount shown in Item No. 5(b) on this f	y has wn		
		DMPLETED (Please print)				
1.	Account/Parcel Number: Enter this number in the space provided at the top right-hand corner of this petition. Your account or parcel number appears on both your determination notice and your tax statement. If you are appealing multiple parcels, you must submit separate petitions for each parcel.					
2.	Owner:					
	Mailing Address for All Correspondence Relating to Appeal:					
	Street address:					
	City, state, zip code:		Fax No:			
	Name of petitioner or aut	horized agent:	Fax No:			
3.	The property which is the subject of this petition is (check all which apply):					
	Leasehold	[Commercial equipment			
	Farm equipm	ent	Other			
4.	General description of pr	operty:				
	a. Address/Location:					
	b. Description of buildin	g:				
	c. Type of personal prop	erty:				
5.	(a) Assessor's determination		(b) Your estimate of true & fair value:			
	Personal property	\$	Personal property \$			
	Improvements/Bldg	s \$	Improvements/Bldgs \$			
	Crops/Minerals	\$	Crops/Minerals\$			
	TOTAL	\$	TOTAL \$			
	Assessor's "Change of V	alue Notice" or other determ	nination notice was dated:			
6.	Purchase price of propert	y: \$	-			
	Date of purchase:					

For tax assistance or to request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For assistance, contact the county board of equalization where your property is located. REV 64 0076e (3/27/18)

Has the property been appraised If yes, appraisal date:	• •	By whom?	
Appraised value: \$		appraisal:	
Most recent sales of comparable	property (within the past 5 year	s):	
E	Description	Sales Price	Date of Sale
a		\$	
b		\$	
c.		\$	
d.		\$	
Information regarding sales of co	omparable properties may be ob	tained through personal research	, local realtors,
appraisers, or used equipment de		0 1	

11. Specific reasons why you believe the assessed valuation does not reflect the true and fair market value. (The assessor is, by law, presumed to be correct. <u>You</u> must prove that the assessed valuation is not the true and fair market value, (RCW 84.40.030)). Assessments of other properties, the percentage of assessment increase, personal hardship, the amount of tax, and other matters unrelated to the market value are not valid reasons.

Attach any supporting documentation, such as maps, photographs, letters, appraisals and/or other documentary evidence to support your estimate of value.

12. Check <u>one</u> of the following statements that applies:

two years and copies of leases or rental agreements.

☐ I intend to submit <u>additional</u> documentary evidence to the Board of Equalization and the assessor <u>no later</u> than twenty-one business days prior to my scheduled hearing.

My petition is complete. I have provided all the documentary evidence that I intend to submit and I request a hearing before the Board of Equalization as soon as possible.

13. I hereby certify I have read the above Petition and that it is true and correct to the best of my knowledge.

Date

Signature of Taxpayer or Agent

Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.

The person whose name appears as authorized agent has full authority to act on my behalf on all matters pertaining to this appeal.

Signature of Petitioner (Taxpayer)