

PETITION FOR REVIEW OF TAXPAYER NOTICE OF CLAIM

Pursuant to A.R.S. § 42-16254

**FOR PETITIONS FILED IN MARICOPA OR PIMA COUNTY, SUBMIT TO THE STATE BOARD OF EQUALIZATION (SBOE).
IF FILED IN ANY OTHER COUNTY, SUBMIT TO THE COUNTY BOARD OF EQUALIZATION.**

- File this petition within 150 DAYS after the original filing date of the taxpayer notice of claim if dissatisfied with the Assessor's decision.
- **Keep a copy for your records** and mail or hand deliver one copy to either the County or State Board of Equalization.
- Deliver one copy to the Tax Officer. If mailed, send **certified mail**.
- Include an Agency Authorization form with this petition if the agent has not represented the taxpayer at the Assessor level.
- Complete Items 1 through 8 where applicable.

1. COUNTY _____ BOOK/MAP/PARCEL _____ - _____ - _____ ACCOUNT NUMBER _____
 2. PROPERTY ADDRESS OR LEGAL DESCRIPTION _____

3. TYPE OR PRINT OWNER'S NAME AS LISTED ON TAX ROLL _____ _____ _____	4. MAIL DECISION TO: _____ _____ _____
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5. COMPLETED BY: **(Owner, Agent, or Attorney)** _____

AGENTS ONLY: State Board of Appraisal # _____ SBOE # _____ **(Pima and Maricopa Counties Only)**

6. **BASIS FOR THIS PETITION:** Additional documents submitted must contain the book, map and parcel number or tax roll number and be attached to the petition. Evidence contained in this appeal could be the basis for either increasing or decreasing the valuation, changing the classification, or no change.

THIS PETITION IS BASED ON THE FOLLOWING METHOD(S) OF VALUATION: MARKET COST INCOME

7. TAX OFFICER'S PROPOSED CORRECTION

	LEGAL CLASS	LAND FCV:	
		IMPS. FCV:	
TAX YEAR	ASSMT. RATIO	TOTAL FCV	
		TOTAL LPV:	
TAX YEAR	LEGAL CLASS	LAND FCV:	
		IMPS. FCV:	
TAX YEAR	ASSMT. RATIO	TOTAL FCV:	
		TOTAL LPV:	
TAX YEAR	LEGAL CLASS	LAND FCV:	
		IMPS. FCV:	
TAX YEAR	ASSMT. RATIO	TOTAL FCV:	
		TOTAL LPV:	

OWNER'S OPINION OF VALUE

	LEGAL CLASS	LAND FCV:	
		IMPS. FCV	
TAX YEAR	ASSMT. RATIO	TOTAL FCV:	
		TOTAL LPV:	
TAX YEAR	LEGAL CLASS	LAND FCV:	
		IMPS. FCV	
TAX YEAR	ASSMT. RATIO	TOTAL FCV:	
		TOTAL LPV:	
TAX YEAR	LEGAL CLASS	LAND FCV:	
		IMPS. FCV:	
TAX YEAR	ASSMT. RATIO	TOTAL FCV:	
		TOTAL LPV:	

8. I hereby request that the proposed correction described above be reviewed by the County or State Board of Equalization and that the Board consider the provided information in making its determination. I hereby affirm that the information included or attached is true and correct.

IN PIMA AND MARICOPA COUNTIES ONLY:
 Check here if you want this appeal to be heard on the record and submit any additional written or typed information with this form. This means that neither you nor the assessor will appear in person before the State Board of Equalization to offer oral testimony.

X _____
 SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE DATE

BOARD OF EQUALIZATION DECISION	FULL CASH VALUE \$ _____	LIMITED PROPERTY VALUE \$ _____	LEGAL CLASS _____	ASMT RATIO _____
BASIS FOR DECISION: _____ _____				
DATE RECEIVED _____	DATE DECISION MAILED _____	CHAIRMAN OR CLERK OF THE BOARD _____		

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