

GARFIELD COUNTY "BOARD OF EQUALIZATION" APPLICATION

Please return this application by September 6th to: Garfield County Auditor, PO Box 77, Panguitch, UT 84759
 Appointment times for you to meet with the Board will be made after the application is returned.
 A separate application needs to be completed for each parcel you are appealing.

Only the current year "MARKET VALUE" can be evaluated at BOE.

Taxes owed or issues other than valuation will not be considered.

Property Owner Name			Property Identification Number		
Mailing Address			Telephone Number		
City	State	Zip	Physical Address of property [if known]		

BASIS FOR APPEAL:

1. () Recent sale or purchase of the property . (Attach a copy of the closing document)
2. () Recent appraisal of the subject property. (Attach a complete copy of the appraisal)
3. () Recent sale of comparable properties. (Attach proof of selling prices of comparable properties)
4. () Capitalized income derived from commercial property. (Attach complete financial statements)
5. () Cost of Construction. (Attach copies of costs)
6. () Assessment Equity
7. () Other (explain) _____ (Attached any documentation)

Based on the above, it is my opinion the current market value of this property is \$ _____

Market value shown on "Notice of Valuation and Tax Change" \$ _____

___ I wish to appear before the board.

___ I do not wish to appear before the board but wish to have the board's decision based on consideration of the information submitted.

If this appeal involves a qualified real property, the inflation adjusted value may alter the burden of proof.

I understand I retain the right to appeal to the Utah State Tax Commission if I am not satisfied with the BOE decision.

I certify that all statements here and before the Board are true, complete, and correct to the best of my knowledge. I understand that information submitted to the Board and the decision of the Board are public record, unless protected by law. If the Board is unable to make a decision on or before November 30 of the review year, I am responsible to pay all taxes due by November 30th or be subject to applicable penalties and interest. If taxes are paid and the Board subsequently reduces the value and t taxes, a refund will be issued.

Date: _____ Signature: _____

AUTHORIZATION TO REPRESENT OWNER

() Attorney () Agent () Other (explain) _____

Representative Name _____ Business Name _____

Business Address _____ Business Phone _____

I hereby authorize the above named person to represent me before the Garfield County Board of Equalization.

Witness _____ Owners Signature _____