

BOARD OF EQUALIZATION PROTEST FORM

(OFFICE USE ONLY)

PPIN: _____

Date Received: _____

Parcel: _____

Case #: _____

Hearing Date (If needed): _____

Must be filled in for communication purposes

*Name: _____ *Home Phone: _____

*Mailing Address: _____ *Cell Phone: _____

_____*Email: _____

*Property Address: _____

Nature of Complaint: _____

Taxpayer's Signature

Date

(OFFICE USE ONLY)

Action by the Board: _____

LY Land Value: _____ Appraised Land Value: _____ Board's Land Value: _____

LY Imp. Value: _____ Appraised Imp. Value: _____ Board's Imp. Value: _____

LY Total Value: _____ Appraised Total Value: _____ Board's Total Value: _____

Decrease/Increase Value: _____

Date Approved: _____

Approved By: _____
