

**Application for Review of Property Assessment**

Board of Review and Equalization

February 2017

Property Assessed in the Name of : \_\_\_\_\_

Address / Location: \_\_\_\_\_

District: \_\_\_\_\_ Mineral Number (if any): \_\_\_\_\_

Tax Map & Parcel Number: \_\_\_\_\_

Personal Property Account Number (if any): \_\_\_\_\_

Reason and/or Basis for Complaint:

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\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

