

Application for Review of Property Assessment

Board of Review and Equalization

February 2019

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:

Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

