| Office Use Only |
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| Petition_____ |
| Date Received:_____ |

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# TAXPAYER PETITION TO THE _____ COUNTY BOARD OF EQUALIZATION FOR REVIEW OF REAL PROPERTY VALUATION DETERMINATION

*This petition must be filed or postmarked by July 1 of the current assessment year or 30 days after the date of mailing of the change of value or other determination notice (up to 60 days in those counties that the Legislative Authority has extended the deadline). If filing after July 1, a copy of the determination notice must be attached to this petition.*

The undersigned petitions the Board of Equalization to change the valuation of the property described below as shown on the Assessment Roll for _____ for taxes payable in _____ to the amount shown in Item No. 3(b) on this form.

**PLEASE COMPLETE ALL ITEMS** (Please Print)

1. **Account/Parcel Number:** _____
2. **Owner:** _____

**Mailing Address for All Correspondence Relating to Appeal:**

Street Address: _____

City, State, Zip Code: _____

**May we contact you by email?** ◯ Yes ◯ No **E-mail address:** _____

**Daytime Phone No:** _____ **Fax No:**_____

**Name of Petitioner or Authorized Agent:** _____

3. **(a)** Assessor's determination of true and fair value:

Land.....$_____

Improvement/Bldgs ..$_____

**TOTAL**.....$_____0.00

**(b)** Your estimate of true and fair value:

Land.....$_____

Improvement/Bldgs .....$_____

**TOTAL**.....$_____0.00

Date the Assessor's "Change of Value Notice" or other determination notice was mailed: _____

**I request the information the Assessor used in valuing my property**. ◯ Yes ◯ No

4. **Specific reasons why you believe the assessor's value does not reflect the true and fair market value.** (The assessor is, by law, presumed to be correct. You must prove that the assessor's value is not the true and fair market value (RCW 84.40.0301)). Assessments of other properties, the percentage of assessment increase, personal hardship, the amount of tax, and other matters unrelated to the market value cannot be considered.

If this petition concerns income property, please attach a statement of income and expenses for the past two years and copies of leases or rental agreements.

5. **Power of Attorney:** If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.

The person whose name appears as authorized agent has full authority to act on my behalf on all matter pertaining to this appeal.

Signature of Petitioner (Taxpayer) _____

**I hereby certify I have read this Petition and that it is true and correct to the best of my knowledge.**

Signed this _____ day of _____ , _____.

_____

Signature of Taxpayer or Agent

**6.** The property which is the subject of this petition is (check all which apply):

- ☐ Farm/Agricultural Land
- ☐ Residential Land
- ☐ Commercial Land
- ☐ Industrial Land
- ☐ Designated Forest Land
- ☐ Open Space/Current Use Land
- ☐ Residential Building
- ☐ Commercial Building
- ☐ Industrial Building
- ☐ Mobile Home
- ☐ Other _____

**7. General description of property:**

a. Address/location: _____

b. Lot size (acres): _____

c. Zoning or permitted use: _____

d. Description of building: _____

e. View? ☐ Yes ☐ No  f. Waterfront? ☐ Yes ☐ No

**8. Purchase price of property:** _____ (If purchased within last 5 years)

Date of purchase: _____

**9. Remodeled or improved since purchase?** ☐ Yes ☐ No  Cost $ _____

**10. Has the property been appraised by other than the County Assessor?** ☐ Yes ☐ No

If yes, appraisal date: _____  By whom? _____

Appraised value: $ _____  Purpose of appraisal: _____

**Please complete all of the above items (if applicable). Information in boxes 1 – 5 must be provided to be considered a complete petition.**

You may submit additional information, either with this Petition or prior to seven business days before the hearing, to support your claim. The area below may be used for this purpose.

**11. Check the following statement that applies.**

- ☐ I intend to submit additional documentary evidence to the Board of Equalization and the assessor **no later** than seven business days prior to my scheduled hearing.
- ☐ My petition is complete. I have provided all the documentary evidence that I intend to submit and I request a hearing before the Board of Equalization as soon as possible.

## DOCUMENTARY EVIDENCE WORKSHEET

**Most recent sales of comparable property (within the past 5 years):**

| | Parcel No. | Address | Land Size | Sale Price | Date of Sale |
|---|---|---|---|---|---|
| a. | | | | | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |

Information regarding sales of comparable properties may be obtained through personal research, local realtors, appraisers, or at the county assessor's office.

***Print This Form***

To inquire about the availability of this form in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users please call (800) 451-7985.

# Instructions For Petition to the County Board of Equalization for Review of Real Property Valuation Determination

All information in boxes 1 – 5 must be completed (if applicable). **The petition must be signed and dated**. Without this information, your Petition for Review **will not be considered complete.**

1. Your account or parcel number appears on your determination notice, value change notice, and tax statement. If you are appealing multiple parcels, you must submit separate petitions for each parcel.

2. Self-explanatory.

3. You may appeal the **assessed** value of the property. The assessed value is based on the true and fair value of the property. Check the box if you are requesting the information the assessor used to value the property.

**Appeal of Assessed Value**

To successfully appeal the Assessed Value of the property, you must show by clear, cogent, and convincing evidence the value established by the assessor is incorrect. In Section 4, you must list the reasons why you believe the Assessed Value is incorrect.

4. List the specific reasons for the appeal. The amount of tax, the assessed value of other properties, the percentage by which the assessment increased, personal hardship, and other matters unrelated to the market value cannot, by law be considered by the Board.

5. Indicate if you are acting under a written Power of Attorney.

   **Sign and date the petition.**

6.–10. Self-explanatory.

Additional information to support your estimate of value may be provided either with this petition or prior to seven business days before the hearing. You must also provide a copy of any additional information to the assessor.

The petition must be filed or postmarked by July 1 of the current assessment year or 30 days after the date of mailing of the change of value or other determination notice (up to 60 days in those counties that the Legislative Authority has extended the deadline). If filing after July 1, a copy of the determination notice must be attached to this petition.

One original signed petition and one copy (including all attachments) should be filed with the County Board of Equalization in the county where the property is located.