



Jefferson County
ASSESSMENT APPEAL FORM

A COPY OF THE ASSESSMENT NOTICE must accompany this application. Complete both pages of this form.

THIS FORM MUST BE RECEIVED OR POSTMARKED NO LATER THAN 5:00 P.M. ON THE DATE INDICATED ON THE ASSESSMENT NOTICE.

Assessment Questions:

Jefferson County Assessor's Office
 210 Courthouse Way, Suite 150, Rigby, ID 83442
 (208) 745-9215 Fax: (208) 745-5240

Deliver Appeal Form To:

Jefferson County Clerk's Office
 C/O Jefferson County Commissioners
 210 Courthouse Way, Suite 110, Rigby, ID 83442
 (208) 745-7756 Fax: (208) 745-9397

PROPERTY INFORMATION

1. Parcel # (One parcel per form): _____

2. Property Address: _____

3. Appeal Concerns: *Check all that apply.*

Residential

Commercial

Vacant Land

Manufactured Home

Industrial

Agricultural Land

Homeowner's Exemption

Business Personal Property

Other _____

4. Do you wish to attend a public appeal hearing and present oral testimony before the board? Yes No

5. Do you wish to present your appeal by phone before the board? Yes No

6. Is there more than one property with the same issue/argument to be filed and heard together? Yes No

If yes, a separate appeal form must be completed and filed for each property. Total #: _____

APPELLANT INFORMATION

7. Appellant is: Property Owner Partnership Corp/LLC Trustee Other _____

8. Name: _____ Phone: _____ Email: _____

9. Mailing address: _____ City: _____ State: _____ Zip: _____

10. Will someone other than the owner appear before the Board of Equalization?

No Yes (Complete Questions 10-13)

11. Name: _____ 12. Contact's Phone Number: _____

13. Mailing address: _____ City: _____ State: _____ Zip: _____

OWNER'S STATEMENT

14.

Assessor's Value from Notice:

Owner's Estimate of Market Value:

Purchase of Property:

Land Value \$ _____

Land Value \$ _____

Purchase Date: _____

Improvement Value \$ _____

Improvement Value \$ _____

Price: \$ _____

Other Value \$ _____

Other Value \$ _____

Total Assessed Value \$ _____

Total Estimated Value \$ _____

15. Comparable property sales will help support your appeal (Sales should be prior to January 1st, lien date).

Comparable Parcel #	Street Address	Date of Sale	Sale Price

16. Has the property been appraised within the last five (5) years by a licensed appraiser other than the Assessor's Office? Yes No If yes: Appraisal Date _____ Appraised Value: \$ _____

17. Property is currently occupied by: Owner Tenant If rented, monthly rent: \$ _____

18. Has the owner made any renovations, additions, or remodels since the purchase of the property? Yes No

If yes, costs \$ _____, dates _____ and types of renovations, additions or remodels:

19. Why are you appealing your value? Use additional pages if necessary.

The following are **NOT** grounds for appeal:

- Your taxes are too high.
- Your value changed too much in one year.
- You cannot afford the taxes.

20. You may submit additional information to support your appeal of the assessed value. Please check the following:

I intend to submit additional information/evidence prior to my appeal hearing.

My appeal is complete. I have provided all the evidence that I intend to submit and request that my appeal be reviewed based on the evidence submitted.

21. I hereby affirm that the foregoing information is true and correct; I understand that I bear the burden of proof to seek affirmative relief to establish that the determination of the Assessor is erroneous, and that I am the owner [or owner's authorized agent] of the property described above.

Signature of owner/agent

Print name

Date signed