

Date: _____

BOE # _____

Kane County Board Of Equalization

76 North Main, Kanab, Ut 84741 * (435)644-4926 * Fax (435)644-4965

Request for Review of Property Market Value

Owner of Record: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone No: (Required) _____
 Property Account No: _____
 Property Serial No: _____

•PLEASE COMPLETE **ONE FORM PER PARCEL** AND RETURN TO THE KANE COUNTY AUDITOR, 76 NORTH MAIN, KANAB, UT 84741, NO LATER THAN **5:00 PM, SEPTEMBER 15, 2017.**
 •A COPY OF THE "NOTICE OF PROPERTY VALUATION AND TAX CHANGE" MUST ACCOMPANY THIS REQUEST FOR REVIEW

Property Type: Vacant Land _____ Commercial _____ Residential _____ Agricultural FAA _____ Other _____

Taxpayer's Opinion of Market Value \$ _____

Assessor's Market Value \$ _____

BASIS FOR REQUESTING REVIEW

- () 1. Market value is not in agreement with similar properties. (Evidence must be provided by taxpayer - give brief description below of evidence.)
- () 2. Market value not justified by comparable sales or by purchase price. (Comparable sales or a closing statement must be provided by taxpayer.)
- () 3. Value not justified on basis of income derived from property. (Applicable only to income producing property. A "Three Year Income Analysis" must be completed with the requested information.)
- () 4. Other reasons. (Explain below and describe evidence provided.)

BRIEF DESCRIPTION OF EVIDENCE OR DOCUMENTATION ATTACHED:

(Do not write on the back of this form - Use attachments if necessary.)

Appointment Requested [] Yes [] No

If I do not appear before the Board I understand that a decision will be made based on the information I have provided and that I retain my right to appeal the board's decision to the State Tax Commission if I am not satisfied.

Telephonic Appointment [] Yes [] No

I certify that all statements here and before the Board are true and correct to the best of my knowledge. I understand that all information submitted to the board, and the decision of the Board are public record. If the Board is unable to make a decision prior to November 30th, I am still responsible to pay all taxes due to avoid penalties and interest. If a refund is necessary it will include interest starting January 1st.

 Signature of Property Owner

[] Authorization attached (If signature is from someone other than property owner.)

Office Use Only: Sig/Owner _____ Backup _____ Disclosure Notice _____ PRC _____

Date Received: _____ Appointment issued: _____ Date: _____ Time _____

Intent to Deny issued: _____ Date _____

Appraiser: _____