

Before The Utah State Tax Commission

Request for Redetermination of County Board of Equalization Decision

Tax assessment year	Parcel number	
Taxpayer information	Representative, if any	
Owner/Taxpayer name	I authorize the below-named person to discuss and share information concerning this appeal with the Utah State Tax Commission.	
Mailing address	Representative name	
	Mailing address	
Daytime telephone no.		
FAX telephone no.	Daytime telephone no.	FAX telephone no.
Taxpayer's email address	Representative's email address	

Property Information

Location or address of property _____

County _____

Property type

Residential
 Commercial
 Industrial
 Vacant land
 Agricultural/Greenbelt

Personal property (specify) _____

Primary issue

Assessed value
 Assessment equity
 Eligibility for exemption
 Greenbelt
 Other _____

If you are contesting the assessed value of the property, state your estimate of value _____

Additional Information

State your objection to the Board of Equalization decision (be prepared to provide supporting evidence at a hearing or mediation conference)

Taxpayer's name (print)	Taxpayer's signature X	Date signed
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Submit this form to the County Auditor for completion.
 This form must be filed with the County Auditor within 30 days after the date of the Board of Equalization Decision.

Auditor: Please verify that this matter was heard or considered by the Board of Equalization

Date of BOE hearing	Original assessed value	Value determined by BOE	Original taxes due
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