

# PETITION FOR REVIEW OF PROPOSED CORRECTION REAL PROPERTY

FOR OFFICIAL USE ONLY

Pursuant to A.R.S. § 42-16252

**FOR PETITIONS FILED IN MARICOPA OR PIMA COUNTY, SUBMIT TO THE STATE BOARD OF EQUALIZATION (SBOE).  
IF FILED IN ANY OTHER COUNTY, SUBMIT TO THE COUNTY BOARD OF EQUALIZATION.**

- Complete items 1 through 8 as applicable. Complete the form online or print and complete manually. Sign the petition form.
- File this petition (mail or hand deliver) within 30 DAYS after the notice of decision is mailed by the Tax Officer to either the County or State Board of Equalization.
- Include a copy of the original notice (DOR 82179A) and any attachments with this petition.
- Include a current Agency Authorization form (DOR 82130AA) with this petition if the agent did not represent the taxpayer at the Assessor level of appeal.
- A petition is considered to be filed either when actually received by the Board or as of the date of the United States Postal Service Postmark.

1. COUNTY: \_\_\_\_\_ PARCEL ID: \_\_\_\_\_  
 IF CHECKED, THIS CORRECTION INCLUDES OTHER PARCELS. SEE ATTACHED MULTIPLE PARCEL FORM (DOR 82179AA).

2. PROPERTY ADDRESS OR LEGAL DESCRIPTION \_\_\_\_\_

3. TYPE OR PRINT OWNER'S NAME AS LISTED ON TAX ROLL  NAME _____  ADDRESS _____  CITY, STATE, ZIP CODE _____	4. MAIL DECISION TO:  NAME _____  ADDRESS _____  CITY, STATE, ZIP CODE _____
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5. COMPLETED BY: **(Owner, Agent, or Attorney)** \_\_\_\_\_  
 \_\_\_\_\_  
 NAME/COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
**AGENTS ONLY:** State Board of Appraisal Number \_\_\_\_\_ SBOE Number \_\_\_\_\_ **(Pima and Maricopa Counties Only)**

6. **BASIS FOR THIS PETITION:** Additional documents submitted must contain the parcel number and be attached to the petition. Evidence contained in this appeal could be the basis for either increasing or decreasing the valuation, changing the classification, or no change.  
 THIS PETITION IS BASED ON THE FOLLOWING METHOD(S) OF VALUATION:      MARKET      COST      INCOME      OTHER  
 \_\_\_\_\_  
 \_\_\_\_\_

7. TAX OFFICER'S PROPOSED CORRECTION			TAXPAYER'S OPINION OF VALUE		
TAX YEAR Current Year	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	
TAX YEAR One Year Prior	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	
TAX YEAR Two Years Prior	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	
TAX YEAR Three Years Prior	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	LEGAL CLASS _____ FCV ASSMT RATIO _____ LPV ASSMT RATIO _____	LAND _____ IMPS _____ FCV _____ LPV _____	

8. I hereby request that the proposed correction described above be reviewed by the County or State Board of Equalization and that the Board consider the provided information in making its determination. I hereby affirm that the information included or attached is true and correct.

**IN PIMA AND MARICOPA COUNTIES ONLY:**  
 If you want this appeal to be heard on the record check here and submit any additional written or typed information with this form. This means that **neither you nor the Tax Officer** will appear in person before the State Board of Equalization to offer oral testimony.

**X** \_\_\_\_\_  
 SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE      DATE