

PETITION FOR REVIEW OF PROPOSED CORRECTION REAL PROPERTY

Pursuant to A.R.S. § 42-16252

FOR OFFICIAL USE ONLY

**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.

1. COUNTY: _____ PARCEL ID: _____ ACCOUNT NUMBER _____

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 _____

5. COMPLETED BY: (Owner, Agent, or Attorney) _____

NAME/COMPANY NAME _____
ADDRESS _____ TELEPHONE _____
AGENTS ONLY: Real Estate Appraisal Division 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.

7. **TAX OFFICER'S PROPOSED CORRECTION**

TAXPAYER'S OPINION OF VALUE

	FROM (Currently):		TO (Proposed correction):	
TAX YEAR Current Year	PROPERTY CLASS _____	LAND _____ IMPS _____	PROPERTY CLASS _____	LAND _____ IMPS _____
	FCV ASSMT RATIO _____	FCV _____	FCV ASSMT RATIO _____	FCV _____
	LPV ASSMT RATIO _____	LPV _____	LPV ASSMT RATIO _____	LPV _____
TAX YEAR One Year Prior	PROPERTY CLASS _____	LAND _____ IMPS _____	PROPERTY CLASS _____	LAND _____ IMPS _____
	FCV ASSMT RATIO _____	FCV _____	FCV ASSMT RATIO _____	FCV _____
	LPV ASSMT RATIO _____	LPV _____	LPV ASSMT RATIO _____	LPV _____
TAX YEAR Two Years Prior	PROPERTY CLASS _____	LAND _____ IMPS _____	PROPERTY CLASS _____	LAND _____ IMPS _____
	FCV ASSMT RATIO _____	FCV _____	FCV ASSMT RATIO _____	FCV _____
	LPV ASSMT RATIO _____	LPV _____	LPV ASSMT RATIO _____	LPV _____
TAX YEAR Three Years Prior	PROPERTY CLASS _____	LAND _____ IMPS _____	PROPERTY CLASS _____	LAND _____ IMPS _____
	FCV ASSMT RATIO _____	FCV _____	FCV ASSMT RATIO _____	FCV _____
	LPV ASSMT RATIO _____	LPV _____	LPV ASSMT RATIO _____	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 _____ DATE _____
SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE