

# PETITION FOR REVIEW OF TAXPAYER NOTICE OF CLAIM - PERSONAL PROPERTY

Pursuant to A.R.S. § 42-16254

**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.**

- File this petition within **90 DAYS** of the meeting with the Tax Officer. Include a copy of the Notice of Claim and Tax Officer's decision.
- **Keep a copy for your records** and mail or hand deliver one copy to either the County or State Board of Equalization. Include a copy of the Notice of Claim and Tax Officer's decision.
- Deliver one copy to the Tax Officer. If mailed, send **certified mail**.
- Include an Agency Authorization form (DOR 82130AA) with this petition if the agent did not represent the taxpayer when filing the Notice of Claim.
- Complete Items 1 through 8 where applicable.

1. COUNTY \_\_\_\_\_ ASSESSOR ACCOUNT NUMBER \_\_\_\_\_

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**) \_\_\_\_\_  
 \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

AGENTS ONLY: Dept. of Financial Institutions License Number \_\_\_\_\_ SBOE Number \_\_\_\_\_ (**Pima and Maricopa Counties Only**)

6. **BASIS FOR THIS PETITION:** Additional documents submitted must contain the taxpayer number or tax roll 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.

\_\_\_\_\_

\_\_\_\_\_

	TAX OFFICER'S PROPOSED CORRECTION	TAXPAYER'S OPINION OF VALUE
	FROM (CURRENTLY)	TO (PROPOSED CORRECTION)
TAX YEAR Current Year	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>
TAX YEAR One Year Prior	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>
TAX YEAR Two Years Prior	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>
TAX YEAR Three Years Prior	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSESSMENT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>

8. I hereby request that the petition 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.

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

<b>BOARD OF EQUALIZATION DECISION</b>	FULL CASH VALUE \$ _____	LIMITED PROPERTY VALUE \$ _____	PROPERTY CLASS _____	ASSESSMENT RATIO _____
BASIS FOR DECISION: _____				
_____				
DATE RECEIVED	DATE DECISION MAILED	CHAIRMAN OR CLERK OF THE BOARD		

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