



GARFIELD COUNTY "BOARD OF EQUALIZATION" APPLICATION

Please return this application by September 5th to: Garfield County Auditor, PO Box 77, Panguitch, UT 84759
 Appointment times for you to meet with the Board will be made after the application is returned.
 A separate application needs to be completed for each parcel you are appealing.

Only the current year "MARKET VALUE" can be evaluated at BOE.
 Taxes owed or issues other than valuation will not be considered.

Property Owner Name	Property Serial Number
Mailing Address	Telephone Number
City State Zip	Physical Address of property [if known]

BASIS FOR APPEAL:

1. () Recent sale or purchase of the property. (Attach a copy of the closing document)
2. () Recent appraisal of the subject property. (Attach a complete copy of the appraisal)
3. () Recent sale of comparable properties. (Attach proof of selling prices of comparable properties)
4. () Capitalized income derived from commercial property. (Attach complete financial statements)
5. () Cost of Construction. (Attach copies of costs)
6. () Other (explain) _____ (Attached any documentation)

Based on the above, it is my opinion the current market value of this property is \$ _____

___ I wish to appear before the board.

___ I do not wish to appear before the board but wish to have the board's decision based on consideration of the information submitted.

I understand I retain the right to appeal to the Utah State Tax Commission if I am not satisfied with the BOE decision.

I certify that all statements here and before the Board are true, complete, and correct to the best of my knowledge.
 I understand that information submitted to the Board and the decision of the Board are public record, unless protected by law. If the Board is unable to make a decision on or before September 11 of the review year, I am responsible to pay all taxes due by September 11 or be subject to applicable penalties and interest. If taxes are paid and the Board subsequently reduces the value and taxes, a refund will be issued.

Date: _____ Signature: _____

AUTHORIZATION TO REPRESENT OWNER

() Attorney () Agent () Other (explain) _____

Representative Name _____ Business Name _____

Business Address _____ Business Phone _____

I hereby authorize the above named person to represent me before the Garfield County Board of Equalization.

Witness _____ Owners Signature _____

THIS AREA TO BE USED BY THE COUNTY BOARD OF EQUALIZATION

- ___ Appeal granted.
 ___ Appeal denied.
 ___ Appeal dismissed for lack of evidence.
 ___ 10 day "Notice of Intent to Deny the Appeal. Additional Information needed. Deadline _____

	Assessment Code	Current Market Value	Market Value after BOE
Real Estate	_____	_____	_____
Improvements	_____	_____	_____
Personal Property	_____	_____	_____

Comments: _____

Hearing Officer Signature _____

Assessor Recommendation: _____ Action initiated by Assessor Yes ___ No ___

Approve ___ Deny ___ Need more info ___ Value agreed to with tax payer _____