

Haines Borough
REAL PROPERTY TAX APPEAL FORM

103 Third Avenue S.
P.O. Box 1209, Haines AK 99827
PH: 907-766-2231 FAX: 907-766-2716

For Official Use Only

Property ID #: _____
Appeal #: _____
Date Rcvd: _____
Appt: Date _____ Time _____

Appeal Deadline: WEDNESDAY, APRIL 27, 2011

Appeal Authority: Per AS 29.45.210(b): The appellant bears the burden of proof. The only grounds for adjustment of assessment are proof of unequal, excessive, improper, or under valuation based on facts that are stated in a valid written appeal or proven at the appeal hearing. If a valuation is found to be too low, the Board of Equalization (BOE) may raise the assessment.

Appeal Process: **1)** Taxpayer files timely appeal; **2)** Assessor's staff reviews the assessment; **3)** assessor renders decision based on evidence; **4)** Taxpayer accepts/rejects assessor decision; **5)** (if taxpayer rejects assessor decision), Appeal proceeds to BOE for resolution.

IMPORTANT: This form is required for making an appeal and must be postmarked no later than the appeal filing deadline.

1. Property Owner: _____

2. Property ID# or Legal Description of Property: _____

3. Contact Information for all Correspondence Related to this Appeal:

Mailing Address: _____

City: _____ State _____ Zip: _____

Daytime Contact Phone#(s) _____ Email: _____

4. Reason for Appeal:

NOTE: These two things are **NOT** grounds for appeal: 1) *TAXES TOO HIGH* or 2) *VALUE CHANGED TOO MUCH IN ONE YEAR*

Please check your reason(s) below and provide detailed explanation supporting your grounds for appeal.

- My Property value is excessive (valued in excess of fair market value).
- My property value is unequal to similar properties.
- My property was valued improperly (in error/incorrectly).
- My property has been undervalued.

5. Detailed Explanation for the Above-cited Grounds for Appeal (please attach additional information and data if more space is needed): _____

Additional Information Attached? Yes No

6. Assessed Value from Notice: (Site) _____ (Building) _____ (Total) _____

7. Owner's Estimate of Value: (Site) _____ (Building) _____ (Total) _____

8. Sales, Listing and Appraisal Information:

a. Purchase Price of Property: \$ _____ Purchase Date: _____

b. Is the Property currently listed for sale? Yes No

If yes, listing amount/date/time on market: _____

9. Has the property been appraised by a licensed appraiser within the last 3 years? Yes No

If yes, please provide entire copy of appraisal, date and final appraised value.

Declaration:		I declare that I have examined this document, and to the best of my knowledge, it is true, correct, and complete. I understand that I must provide evidence supporting the appeal.	
Signature and name of property owner or property owner's authorized representative:		Date	
X			
Sign name		Print or type name	

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ASSESSOR'S REVIEW ACTION

PROPERTY ID# _____

Date Reviewed or Inspected: _____ By: _____

Comments: _____

Assessed Value: Site \$ _____ Building(s) \$ _____ Total \$ _____

Total Exempt Value: Site \$ _____ Building(s) \$ _____ Total \$ _____

I hereby accept reject the above-assessed valuation.

Appellant Signature: _____ Date: _____

Assessor Review/Initial: _____

BOARD OF EQUALIZATION ACTION

APPEAL NO.

DATE FILED

BOE CASE NO.

DATE OF BOE ACTION

BOROUGH CLERK SIGNATURE

The Board of Equalization certified its decision, based on the Findings of Fact and Conclusion of Law contained within the recorded hearing and record on appeal, and concludes that the appellant (met/did not meet) the burden of proof that the assessment was unequal, excessive, improper, or undervalued.

Board of Equalization Decision	Land	Building	Total

NOTE TO STAFF: Please make the following adjustment(s), *IF ANY*, to the assessment roll as a result of the BOE's decision:

PROPERTY ID#: _____

SITE: + or - _____ 2011 Total Site Value: _____

BUILDING(S): + or - _____ 2011 Total Building(s) Value: _____

TOTAL ADJUSTMENT : + or - _____ 2011 Total Assessed Value: _____

Changes made to database _____
Initials date