

## CITY OF CORDOVA

## PROPERTY ASSESSMENT APPEAL FORM

Due by date indicated on the assessment notice

AS 29.45.110(a) The assessor shall assess the property at its full and true value which is the estimated price that the property would

Tax Year	
Appeal #	

1		_			seller and a willing buyer. AS
	•		•	<u> </u>	oper, or under valuation based
	a valid written appeal or p				0 1 1 1 1 1 1
	-			- 11	for your records and submit the ived no later than the date
	ent Notice. The Assessor v				ived no rater than the date
Owner(s) Name:	ellt Ivonec. The Abbessor ,	Will collider Je	Parcel ID No		
Owner(s) mame.			Parcer ID IN	milei.	
Mailing Address:			Physical Address or Legal Description:		
Phone Number:			Email Address:		
Assessed Value from	Land:	Building:		Total:	Year Purchased
Assessment Notice	\$	\$		\$	1 out 1 dichased
Owner's Opinion of	Land:	Building:		Total:	Purchased Price
Value	\$	\$		\$	\$
	<u> </u>	1			
**	nd provide a factual, detail	•	•		
[ ] Value is Excessive	[ ] Value is Improper			Similar Properties	
-	on of value (including inve	•		comparable propertie	s and property income
	). The appellant bears the l	burden of pro	of.		
The following are <b>NOT</b> g	* **	-			
*The taxes are t		ie changed to			can't afford the taxes
You must provide specifi	c reasons and provide evid	lence supporti	ng the item c	necked above.	
	ge if you need more space)				
1 1 1	vertised FOR SALE within	n the past 3 ye	ars?		
If Yes, what was the adve					
' ' '	praised by a private fee app	-	the past 3 year	ars?	
	e copy of appraisal with yo		· 1		111 1 11 T
•	-			ad and understand th	e guidelines above, and that I
	authorized agent of the pro	perty describ	ed above.	In ,	
Signature of Owner or Au	uthorized Agent:			Date:	
Received by:				Date:	

Assessor's	From	Land:		Bldg:	Total:		
Decision	То	T					
Assessor's reason	ı.						
Date received:	Decision ma	ade by:	Date:	Approved by:	Date:	Date mailed:	
I ACCEPT the Assessor's decision in Block 4 above and hereby withdraw my appeal.  I DO NOT ACCEPT the Assessor's decision in Block 4 above and desire to have my appeal presented to the Board of Equalization.  Response delivered by:  Mail  Phone  In Person							
Signature of owner or authorized agent		Date signed	Printed name	e			
Board of Equalization Decision		Land:		Bldg:	Total:		
REASON FOR BOARD OF EQUALIZATION DECISION:							
		Board of Equaliz					
		30) DAYS FRO	OM THE DAT		HE BOARD OF EQ	PPELLANT AND THE QUALIZATION DECISION	

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Appeal #

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