

CITY OF CORDOVA

PROPERTY TAX EXEMPTION APPEAL FORM

Due by date indicated on the assessment notice

Tax Year Appeal #

CMC 5.06.020(a)...The city will not consider the granting of any tax exemption or deferral under Chapter 5.07 until the applicant submits a full and complete application and provides such additional information as may be requested by the city clerk, assessor, and city council. The assessor may make an independent investigation of the application or property in making a determination under this section.

5.06.090 - Appeals. An applicant for exemption or deferral under Chapters 5.06 and 5.07 may appeal a determination of the city directly to the superior court as provided by rules of court applicable to appeals from the decisions of administrative agencies or may first appeal to the board of equalization as provided by law.

This form is for you to appeal the determination of your property tax senior or disabled veterian exemption application for your property. Complete page 1 and 2. Submit the original with any additional documentation to the City Clerk's office or by email to cgilmour@cityofcordova.net. Appeals must be received no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

Applicant's Name:		Parcel ID Number:			
Mailing Address:		Physical Address or Legal Description:			
Phone Number:			Email Address:		
Assessed Value from Assessment Notice	Land: \$	Building: \$	Exempt: \$	Year Purchased Total: \$	
Owner's Opinion of Value	Land: \$	Building: \$	Exempt: \$	Total: \$	
[] PFD Eligibility	[] Exemption Va	alue is Improper [lanation below for your ap] Primary Residence [] Ownership [] Other	•	
Owner's reason for or	inion of eligibili	ty			

Owner's reason for opinion of eligibility.

You must provide specific reasons and provide any evidence supporting the item checked above.

(Please attach another page if you need more space)

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Verification and Certification of Alaska Permanent Fund Dividend Eligibility

[]Yes []No 1)	I was a resident of Alaska during all of calendar year 2024; Resident means an applicant who has a fixed habitation in the state of Alaska for at least one hundred eighty-five days per calendar year, and when absent, intends to retrurn to the state of Alaska;
[]Yes []No 2)	On the date I apply for the 2025 Permanent Fund Dividend, I have the intent to remain an Alaska resident indefinitely (if they are not applying, you can ask that they certify their intent);
[]Yes []No 3)	I have not claimed residency in any other state or country or obtained a benefit as a result of a claim of residency in another state or country at any time since December 31, 2023;
	4)	I was:
	[]Yes []No	-Sentenced as a result of a felony conviction during 2024;
	[]Yes []No	-Incarcerated at any time during 2024 as the result of a felony conviction;
	[]Yes []No	or -Incarcerated at any time during 2024 as the result of a misdemeanor conviction in Alaska if convicted of a prior felony or two or more prior misdemeanors since January 1, 1997
[[]Yes []No 5)]N/A	If absent from Alaska for more than 180 days, I was absent on an allowable absence; and
[]Yes []No 6)	I was physically present in Alaska for at least 72 consecutive hours at some time during 2023 or 2024
		Verification and Certification of Cordova Residency
[]Yes []No 1)	I am living S` VaUgbk[` Ythis property as _ k primary residence
[]Yes []No 2)	This property is my permanent place of abode, which I reside at least one hundred eighty-five days in the year prior to the exemption year;
[]Yes []No 3)	and when absent, the dwelling is not leased or rented to another.
[]Yes []No 4)	I will notify the city/assessor of any change in ownership, residency, permanent place of abode or status of disability and other change in eligibility factors in any year.

I hereby Certify and affirm that the foregoing information is true and correct, that I have read and understand the guidelines above, and that I am the owner or owner's authorized agent of the property described above.

1 1 2		
Date	2:	
Date		
907-424-6200	www.citvofcordova.net	Page 2
	Date	Date: Date: 907-424-6200 www.cityofcordova.net

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Appeal #

Assessor's Decision	From To	Land:	Bld	g:	Exmpt:		Total:
Assessor's reason	for decision:						
Date received:	Decision mad	le by:	Date:	Approved by:		Date:	Date mailed:
	ECDONCE V-	u mou use the	space bel-	v to indicate wheth			REE with the Assessor's
		•	-		-		If the City Clerk does not
receive notice that Equalization.	you agree with	the Assessor's	s decision,	your original appea	l will autom	atically be ref	erred to the Board of
•							
I ACCEI	T the Assessor	's decision in I	Block 4 abo	we and hereby with	draw my ap	peal.	
			ecision in E	lock 4 above and d	esire to have	e my appeal	
presented	to the Board of	Equalization.					
Response de	elivered by:		Mail	P	hone		In Person
Signature of	owner or autho	vrized agent		Date signed		Printed name	<u>, </u>
Signature of owner or authorized agent						T THILEG Hallik	
Board of Equalization		Land:	Bldg	:	Exmpt:		Total:
Decision							
REASON FOR B	OARD OF EQU	JALIZATION	DECISIO	N:			
Date	of mailing of Bo	pard of Equaliz	zation Deci	sion:			
	of mailing of Bo	-		—			_
THE DECIS	ION OF THE E	BOARD OF EC	QUALIZA	TION STATED AB			- PPELLANT AND THE QUALIZATION DECISION