PRINT RESET

PROPERTY ASSESSMENT APPEAL FORM
STONE COUNTY BOARD OF EQUALIZATION
(type or print legibly in ink)

TAXPAYER INFORMATION

Taxpayer's Name: _____

Taxpayer's Mailing Address: _____
(Street or Box Number, City, State and Zip Code)

Taxpayer's Telephone Number: ( ) - _____

PROPERTY INFORMATION

Parcel Number of the Property: _____

Address of Property (if different than Mailing Address):

(Street or Box) _____

(City, State, and Zip Code) _____

What is the Current Classification of the Property?

___Agricultural ___Commercial
___Residential ___Mixed Use

What is the Market Value set by the Assessor? _____

What is the Taxpayer's Proposed Market Value? _____

REASON FOR APPEAL

Please check the reason you believe the assessment is incorrect. *Check all that apply.*

___**Valuation** *(The value placed on the property by the assessor is incorrect)*

___**Discrimination** *(The property is assessed at a ratio greater than the average for the county)*

___**Misgraded Agricultural Land** *(The property is not in the correct agricultural productivity grade)*

___**Misclassification** - The proper classification of this property should be:
__Residential __Commercial _ Agricultural _ Mixed Use

___**Exemption** - The property should be exempt because it is being used for:
__ Religious Purposes __ Educational Purposes __ Charitable Purposes

___**Other Basis for Appeal** (explain); _____

You may attach any documentation you desire the Board to consider

Taxpayer's Signature: _____ Date: ____/____/____

STONE COUNTY BOARD OF EQUALIZATION

AGENT AUTHORIZATION FORM

(type or print legibly in ink)

Authorization is hereby given for _____ to act on the owner(s) behalf as agent in the appeal of the assessment of the property or properties listed below, located in Stone County and owned by the undersigned. The agent is given full authority to handle all matters relative to the appeal of the assessment for the tax year and to represent the undersigned, with the assistance of legal counsel, if necessary, before the Board of Equalization.

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Telephone Number: ( ) - _____

Property Parcel Number(s) **OR** Personal Property Account Number(s)	Property Address (Street Address, City)

(Additional Properties may be listed on the back)

Owner's Signature: _____

Print Owner's Name: _____

Date: _____ / _____ / _____