



CASSIA COUNTY ASSESSOR'S OFFICE

DWIGHT DAVIS, ASSESSOR

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NOTICE OF APPEAL
Before the Board of Equalization
Cassia County, Idaho DATE: _____

Appellant's Name(s): _____

Address: _____

Check One: Appeal filed by: An Individual Husband & Wife Partners
 A Corporation Trustee Other

Appellant(s) will be represented by: Himself Themselves
 Company Officer Name & Title: _____
 Attorney Name & Address: _____

Parcel Number: _____ Legal Description: _____ Appraised Value: _____

Land \$ _____ Buildings \$ _____ Other \$ _____ Total \$ _____

The Following are not grounds for appeal:

- Your Taxes are too high.
- Your Value changed too much in one year.
- You cannot afford the taxes.

Appellant(s) opinion of the Market Value of the above described property is:

Land \$ _____ Buildings \$ _____
Other \$ _____ Total \$ _____

Brief remarks setting forth grounds of this appeal: _____

I hereby affirm that the foregoing information is true and correct: I understand that I bear the burden of proof and I must provide evidence supporting my appeal, and that I am the owner [or owner's authorized agent] of the property described above.

Signature of Owner/agent _____ Date signed _____ Print Name _____

Signature of Owner/agent _____ Date signed _____ Print Name _____

This Form must be received by the Board of Equalization no later than the 4th Monday of June.

ACTION OF THE BOARD OF EQUALIZATION

_____ Sustain the Assessor _____ Change the market value of subject property as follows:

Land \$ _____ Buildings \$ _____ Other \$ _____ Total \$ _____

DATED: _____ Signed: _____
(Chairman)