

PETITION FOR REVIEW OF PROPOSED CORRECTION PERSONAL PROPERTY

Pursuant to A.R.S. § 42-16252

FOR OFFICIAL USE ONLY

**FOR PETITIONS FILED IN MARICOPA OR PIMA COUNTY, SUBMIT TO THE STATE BOARD OF EQUALIZATION (SBOE).
IF FILED IN ANY OTHER COUNTY, SUBMIT TO THE COUNTY BOARD OF EQUALIZATION.**

- Complete items 1 through 8 as applicable. Complete the form online or print and complete manually. Sign the petition form.
- File this petition (mail or hand deliver) within 30 DAYS after the notice of decision is mailed by the Tax Officer to either the County or State Board of Equalization. Include a copy of the Tax Officer's decision
- Include a copy of the original notice (DOR 82179P) and any attachments with this petition.
- Include a current Agency Authorization form (DOR 82130AA) with this petition if the agent did not represent the taxpayer at the Assessor level of appeal.
- A petition is considered to be filed either when actually received by the Board or as of the date of the United States Postal Service Postmark.

1. COUNTY _____ ASSESSOR ACCOUNT NUMBER: _____

2. PROPERTY ADDRESS OR LEGAL DESCRIPTION _____

3. TYPE OR PRINT OWNER'S NAME AS LISTED ON TAX ROLL

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____

4. MAIL DECISION TO:

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____

5. COMPLETED BY: (Owner, Agent, or Attorney) _____

NAME/COMPANY NAME _____

ADDRESS _____

TELEPHONE _____

AGENTS ONLY: State Board of Appraisal Number _____ SBOE Number _____ (Pima and Maricopa Counties Only)

6. **BASIS FOR THIS PETITION:** Additional documents submitted must contain the taxpayer number and be attached to the petition. Evidence contained in this appeal could be the basis for either increasing or decreasing the valuation, changing the classification, or no change.

7. _____

	FROM (TAX OFFICER'S PROPOSED CORRECTION)	TO (TAXPAYER'S OPINION OF VALUE)
TAX YEAR Current Year	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)
TAX YEAR One Year Prior	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)
TAX YEAR Two Years Prior	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)
TAX YEAR Three Years Prior	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)	LEGAL CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ (Mobile Homes Only)

8. I hereby request that the proposed correction described above be reviewed by the County or State Board of Equalization and that the Board consider the provided information in making its determination. I hereby affirm that the information included or attached is true and correct.

IN PIMA AND MARICOPA COUNTIES ONLY:
If you want this appeal to be heard on the record check here and submit any additional written or typed information with this form. This means that neither you nor the Tax Officer will appear in person before the State Board of Equalization to offer oral testimony.

X _____
SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE DATE