

Before The Utah State Tax Commission

## Request for Redetermination of County Board of Equalization Decision

Tax assessment year	Parcel number	
<b>Taxpayer information</b>	<b>Representative, if any</b>	
Owner/Taxpayer name	I authorize the below-named person to discuss and share information concerning this appeal with the Utah State Tax Commission.	
Mailing address	Representative name	
	Mailing address	
Daytime telephone no.		
FAX telephone no.	Daytime telephone no.	FAX telephone no.
Taxpayer's email address	Representative's email address	

**Property Information**

Location or address of property \_\_\_\_\_

\_\_\_\_\_ County

Property type

Residential   
  Commercial   
  Industrial   
  Vacant land   
  Agricultural/Greenbelt

Personal property (specify) \_\_\_\_\_

Primary issue

Assessed value   
  Assessment equity   
  Eligibility for exemption   
  Greenbelt   
  Other \_\_\_\_\_

If you are contesting the assessed value of the property, state your estimate of value \_\_\_\_\_

**Additional Information**

State your objection to the Board of Equalization decision (be prepared to provide supporting evidence at a hearing or mediation conference)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Taxpayer's name (print)	Taxpayer's signature X	Date signed
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**Submit this form to the County Auditor for completion.**  
 This form must be filed with the County Auditor within 30 days after the date of the Board of Equalization Decision.

**Auditor: Please verify that this matter was heard or considered by the Board of Equalization**

Date of BOE hearing	Original assessed value	Value determined by BOE	Original taxes due
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