

Notice of Intent to Dismiss the Appeal

_____ County Board of Equalization

RILEY COUNTY
Form PT-012
PT-012.ai Rev. HBJ

Today's date

Due date – submit the requested information by 5:00 p.m. on:

Name of property owner

Property identification number

Appeal number

Your request for review does not contain sufficient information to warrant an adjustment in property value. We require the information below so the Board can make an accurate evaluation of your claim. You have 10 calendar days from the date of this notice to provide the requested information. Failure to submit this information will likely result in a dismissal of your appeal.

Basis of Appeal

- | | |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Recent sale | <input type="checkbox"/> Income analysis |
| <input type="checkbox"/> Recent appraisal | <input type="checkbox"/> Replacement cost |
| <input type="checkbox"/> Comparable sales | <input type="checkbox"/> Other/errors |

Deficiencies and Required Documentation

Signature

I acknowledge receipt of this notice

Property owner signature

Date

Submit all required information to the county within 10 calendar days, at this address: