PT-10A

Rev. 4/24

tax.utah.gov

Petitioner (print or type)	Petitioner's Representative, if any (print or type)	
Name	I authorize the below-named person to discuss and share information concerning this appeal with the County Board of Equalization.	
Mailing address	Name	
	Firm	
	Mailing address	
Daytime telephone no.		
Email address	Daytime telephone no. Email address	
Refer to your tax notice for the information requested in t	his section	
Petitioner requests that the Board of Equalization of	County to hear an appeal of (county name)	
the property tax assessment on the following property or pr	operties:	
Property Parcel/Serial Number(s):		
Property type ☐ Single residence/Duplex/Triplex ☐ Four-plex/Apartment or Other (describe) ☐ Greenbelt ☐ Other (describe)		
The Board of Equalization is open to hear property tax appeals for a croperty tax assessments during the Board of Equalization period, we from the date the county auditor mailed the notice of property valuating Equalization may hear an appeal filed after the deadline for only limit R884-24P-66, available online at tax.utah.gov/research/effective/r8. The Board of Equalization will accept a late-filed request for review of the sact or failure to act, interfered with your right to notice and a hearing error; or that a medical emergency, a death, or another extraordinary Equalization period and prevented you and any co-owners from filing deliver a correctly addressed tax notice is not cause for the Board of assessed real property, nor does your absence from the state, by itself	which ends on the later of September 15 for each tax year or 45 days ion and tax changes (see Utah Code §59-2-1004). The Board of ted reasons. These reasons are explained in Utah Admin. Code 884-24p-066.doc. of locally assessed real property if you can show that the county, by ng; or that the county's records for the property contain a factual of and unanticipated circumstance occurred during the Board of g an appeal by the filing deadline. Failure of the US Postal Service to Equalization to accept a late filed request for review of locally	
Choose your circumstance(s): The county did not comply with the notification requirements to ma record for this property, or otherwise interfered with the property ov Describe the county's notice failure or interference:		
☐ Medical emergency Describe the nature of the medical emergency and the relationsh	nip of the individual with the emergency to the property owner(s):	
Identify the length of the medical emergency: MM DD Y	/Y to/////	
Did this medical emergency require hospitalization? $\ \square$ Yes	□ No	
Identify the length of hospitalization: / / / / Y	TY to MM / DD / YY	

☐ Death of owner of immediate family member Name of decedent and relationship to owner(s) (if approximately continuous).	plicable):	
Identify the date of death: / / /		
☐ Extraordinary and unanticipated circumstance (submit Describe the nature of the extraordinary and unantic		
Identify the length of the extraordinary and unanticipate	ated circumstance://	YY to//
☐ Factual error in the county's records (select all that a ☐ A mistake in the description of the size, use, or or ☐ A clerical or typographical error in reporting or en ☐ An error in classification of your property that is elig	wnership of your property tering the data used to establish valu	uation or equalization
☐ An error in the classification of your property that ☐ Other similar circumstance*	is eligible for a property tax exemption	on, including the residential exemption
Additional Owner(s)		
Are there individuals or entities in addition to you who are jo	oint owners or co-owners of this proper	ty? ☐ Yes ☐ No
If "Yes", list the additional owner's name:		
List why the additional owner(s) were unable to file the a	ppeal by the statutory deadline:	
If there are more than two owners of the property, supply	their names and reason for inability	to timely file on additional paper.
Provide any further details to explain your circumstances (if	applicable)	
☐ I understand that I must show that I meet the requirer my request.	ments of R884-24P-66, and I have at	tached copies of all documents supporting
Name (print)	Petitioner's signature	Date signed
*A factual error means an error that is objectively verifiable with	put the exercise of discretion, opinion, or	judgment: demonstrated by clear and convincing

Send documents to your local County Auditor.

Upon receipt of this form, the County Auditor will notify the Board of Equalization of your request, after which the Board of Equalization will issue an order based on your submissions and those from the county.

For help with this form contact your local County Auditor.

^{*}A factual error means an error that is objectively verifiable without the exercise of discretion, opinion, or judgment; demonstrated by clear and convincing evidence; and the existence of which is recognized by the taxpayer and the county assessor.