

Duchesne County Board of Equalization

Request for review of Market Value

2006

For Office Use Only

Owners Name		Telephone Number		Parcel Number
Street Address or P.O. Box	City	State UT	Zip Code	Date Requested
Agent's Name		Telephone Number		Date Received
Property Location		Parcel Number		Appt Date and Time
Type of Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Recreational				Initials Notice of Intent to Deny issued? Yes No

Complete one form for each parcel and return to the county address shown here:	Telephone
Duchesne County Assessor, Drawer 998, Duchesne, UT 84021-0998	(435) 738-1110

Reason for appeal (Check all that apply)

- Recent sale of property. (Attach copy of closing documents)
- Recent sales of comparable properties.
- Recent appraisal of the subject property. (Attach full copy)
- Capitalized income derived from commercial property.
- Cost to construct

Short Explanation _____

Taxpayer's Right to Appear before the Board

- I do not wish to appear before the County Board of Equalization. I wish to have the Board's decision based on consideration of the information and evidence submitted. I understand that I retain the right to appeal to the Utah State Tax Commission if I am not satisfied with the decision of the Board.
- I wish to appear before the County Board of Equalization to present my evidence in person. I understand as a taxpayer, I have the burden of proof to show proper evidence to the board which may justify an adjustment to the Market Value of the above parcel. I understand that any decision made by the Board will be determined by evidence presented only. I also understand that if I do not provide this evidence with this form, I may receive a "Notice of Intent to Deny an Appeal of Market Value" and will likely result in a denial of my appeal, but I will still retain the right to appeal to the Utah State Tax Commission.

Certification:

I certify that all statements here and before the Board are true, complete, and correct to the best of my knowledge. I understand that all information submitted to the Board, and the decision of the Board, are public record. If the Board is unable to make a decision prior to November 30th, I am still responsible to pay all the taxes due to avoid penalties and interest. If a refund is necessary it will include interest starting January 1st.

Signature _____	(Please Print name if other than owner)	Date
X	<input type="checkbox"/> Owner <input type="checkbox"/> Other _____	

- Authorization attached (if signature is from someone other than the owner)*