

PROPERTY ASSESSMENT APPEAL FORM
BUCHANAN COUNTY BOARD OF EQUALIZATION
(type or print legibly in ink)

TAXPAYER INFORMATION

Taxpayer's Name: _____

Taxpayer's Mailing Address: _____
(Street or Box Number, City, State and Zip Code)

Taxpayer's Telephone Number: _____

PROPERTY INFORMATION

Parcel Number of the Property: _____

Address of Property (if different than Mailing Address):

(Street or Box) _____
(City, State, and Zip Code) _____

What is the Current Classification of the Property?

Agricultural Commercial
 Residential Mixed Use

What is the Market Value set by the Assessor? _____

What is the Taxpayer's Proposed Market Value? _____

REASON FOR APPEAL

Please check the reason you believe the assessment is incorrect. *Check all that apply.*

Valuation (*The value placed on the property by the assessor is incorrect*)

Discrimination (*The property is assessed at a ratio greater than the average for the county*)

Misgraded Agricultural Land (*The property is not in the correct agricultural productivity grade*)

Misclassification – The proper classification of this property should be:
 Residential Commercial Agricultural Mixed Use

Exemption - The property should be exempt because it is being used for:
 Religious Purposes Educational Purposes Charitable Purposes

Other Basis for Appeal (explain): _____

You may attach any documentation you desire the Board to consider

Taxpayer's Signature: _____

Date: _____