

Application for Review of Market Value

2016

Millard County Board of Equalization
50 South Main St
Fillmore, UT 84631
Phone Number: (435) 743-5227

Log #
Account#
Parcel #

**Complete one application per parcel. Attach all supporting documentation.
Incomplete applications or applications submitted without evidence will be returned to applicant.
Include a copy of your most recent Notice of Property Valuation and Tax Change.
Application must be received by September 15th**

Owner of Record	Property Location
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Mailing Address	City	State	Zip
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Daytime Telephone Number	Alternate Phone Number
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Name of agent representing owner (if applicable)	Agent's Telephone Number
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Market Value shown on "Notice of Valuation and Tax Change"	\$ _____
Owner's estimate of market value (required)	\$ _____

Basis For Requesting Review

- Market value is not in agreement with similar properties.**
Evidence must be attached. *Applications submitted without evidence will NOT be accepted.* Examples of acceptable evidence include: a market analysis, an appraisal, a recent sale closing document, and an MLS sales sheet.
- Market value not justified on basis of income derived from property.** This is applicable only to commercial income-producing property. *Applicant must include a copy of most recent audited financial statement and last two years income tax returns.* For motels and rental properties, a vacancy statement must also be provided.
- Primary/Non-Primary change only.** No change to market value.
- Other reasons.** (Explain below.)

Request For Hearing

- I request an in-person hearing before the Board of Equalization.
- I do not wish to appear in person. The Board of Equalization may make a decision based on the evidence submitted.

Certification and Signature

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.

X _____
Signature of Owner Date

X _____
Other (Attach authorization if signature is from someone other than the owner.) Date

Office Use Only

Received by _____ on _____. Appointment date and time _____ at _____.

Taxpayer was issued a "Notice of Intent to Dismiss the Appeal" on _____.
Documentation is due on _____.