

Office Use Only	
Petition:	_____
Date Received:	_____

**Taxpayer Petition to the
Yakima County Board of Equalization for
Review of Real Property Valuation Determination**

This petition must be filed or postmarked by July 1, of the current assessment year or 60 days after the date of mailing of the Assessor's "Notice of Value" or other determination notice. If filing after July 1st, a copy of the "Notice of Value" must be attached to this petition.

The undersigned petitions the Board of Equalization to change the valuation of the property described below as shown on the assessment roll for _____ for taxes payable in _____ to the amount shown in Item No. 3(b) on this form.

Please Complete All Items (Please Print)

1. Account/Parcel Number: _____	
2. Owner: _____	
Mailing Address for All Correspondence Relating to Appeal:	
Street address: _____	
City, State, Zip Code: _____	
May we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address: _____
Daytime Phone No: _____	Fax No: _____
Name of petitioner or authorized agent: _____	

3. Assessor's determination of true & fair value: Land.....\$ _____ Improvement/Bldgs\$ _____ TOTAL.....\$ _____	(b) Your estimate of true & fair value: Land\$ _____ Improvement/Bldgs ...\$ _____ TOTAL\$ _____
Date the assessor's "Change of Value Notice" or other determination notice was mailed: _____	
I request the information the assessor used in valuing my property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Specific reasons why you believe the assessor's value does not reflect the true and fair market value. <p>NOTE: Under Washington law, you must prove that the assessor's value is not the true and fair market value (RCW 84.40.0301). If this petition concerns income property, please attach a statement of income and expenses for the past two years and copies of leases or rental agreements.</p> <p>Other issues relevant to your case:</p> <p>_____</p>

5. Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney. The person whose name appears as authorized agent has full authority to act on my behalf on all matter pertaining to this appeal. Signature of Petitioner (Taxpayer) _____
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I hereby certify I have read this Petition and that it is true and correct to the best of my knowledge.

Signed this _____ day of _____, _____.

6. The property which is the subject of this petition is (check all which apply):

- | | |
|--|---|
| <input type="checkbox"/> Farm/Agricultural Land | <input type="checkbox"/> Residential Building |
| <input type="checkbox"/> Residential Land | <input type="checkbox"/> Commercial Building |
| <input type="checkbox"/> Commercial Land | <input type="checkbox"/> Industrial Building |
| <input type="checkbox"/> Industrial Land | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Designated Forest Land | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Open Space/Current Use Land | |

7. General description of property:

- a. Address/location: _____
- b. Lot size (acres): _____
- c. Zoning or permitted use: _____
- d. Description of building: _____
- e. View? Yes No
- f. Waterfront? Yes No

8. Purchase price of property: \$ _____ (If purchased within last 5 years)

Date of purchase: _____

9. Remodeled or improved since purchase? Yes No Cost \$ _____

10. Has the property been appraised by other than the county assessor? Yes No

If yes, appraisal date: _____ By whom? _____

Appraised value: \$ _____ Purpose of appraisal: _____

Please complete all of the above items (if applicable). Information in boxes 1 – 5 must be provided to be considered a complete petition.

You may submit additional information, either with this Petition or prior to twenty-one business days before the hearing, to support your claim. The area below may be used for this purpose.

11. Check the following statement that applies:

- I intend to submit additional documentary evidence to the Board of Equalization and the assessor **no later** than twenty-one business days prior to my scheduled hearing.
- My petition is complete. I have provided all the documentary evidence that I intend to submit and I request a hearing before the Board of Equalization as soon as possible.
- Check one of the following:** I plan to attend the hearing I do not plan to attend the hearing

Documentary Evidence Worksheet

Most recent sales of comparable property (within the past 5 years):

	Parcel No.	Address	Land Size	Sale Price	Date of Sale
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

Information regarding sales of comparable properties may be obtained through personal research, local realtors, appraisers, or at the county assessor's office.

For tax assistance or to request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For assistance, contact the county board of equalization where your property is located.