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|------------------------|
| Office Use Only |
| Petition: _____ |
| Date Received: _____ |

**Taxpayer Petition to the
Thurston 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 change of value or other determination notice. If filing after July 1, a copy of the determination notice 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 2011 for taxes payable in 2012 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. (a) 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 | |

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| 4. Specific reasons why you believe the assessor's value does not reflect the true and fair market value. _____ _____ _____ NOTE: Under Washington law, you must prove that the assessor's value is not the true and fair market value (RCW 84.40.0301). Assessments of other properties, the percentage of assessment increase, personal hardship, the amount of tax, and other matters unrelated to the market value may not be relevant or sufficient evidence to prove market value. 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. Other issues relevant to your case: _____ |
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|--|
| 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) _____ |
|--|

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 seven 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 seven 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.

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, visit <http://dor.wa.gov/content/taxes/property/default.aspx> or call (360) 534-1400. Teletype (TTY) users may call (360) 705-6718.

