## Taxpayer Petition to the Skagit County Board of Equalization for Review of Personal Property Valuation Determination

Office Use Only		Tax Parcel No:				
Petition		☐ I request the information				
Date		used by the assessor in valuing my property.				
	_	valuing my property.				
mailing of the change of va extended the deadline). If f The undersigned petitions t on the assessment roll for	lue or other determination notice iling after July 1, a copy of the dhe Board of Equalization to characteristics for taxes payable in	1 of the current assessment year or 30 days after the date of e (60 days in those counties that the Legislative Authority has letermination notice must be attached to this petition.  nge the valuation of the property described below as shown  2024 to the amount shown in Item No. 5(b) on this form.				
	COMPLETED (Please print)	a provided at the ten right hand corner of this petition				
	count/Parcel Number: Enter this number in the space provided at the top right-hand corner of this petition.  our account or parcel number appears on both your determination notice and your tax statement. If you are					
-	appealing multiple parcels, you must submit separate petitions for each parcel.					
2. Owner:  Mailing Address for All Correspondence Relating to Appeal:						
	City, state, zip code:					
Daytime Phone No: Fax No: Name of petitioner or authorized agent:						
Name of petitioner of a	uthorized agent:					
3. The property which is t	he subject of this petition is (che	eck all which apply):				
3. The property which is the subject of this petition is (check all which apply):     Commercial equipment						
Farm equip	ment	Other				
<b>4.</b> General description of						
a Address/Location:						
	b. Description of building:					
c. Type of personal pro						
5. (a) Assessor's determine	nation of true & fair value:	(b) Your estimate of true & fair value:				
Personal property	\$	Personal property\$				
Improvements/Blo	lgs\$	Improvements/Bldgs\$				
Crops/Minerals	\$	Crops/Minerals\$				
	\$	TOTAL\$				
Assessor's "Change of	Value Notice" or other determin	nation notice was dated:				
<b>6.</b> Purchase price of propo	erty: \$					
Date of purchase:	•					

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. REV 64 0076e (3/27/18)

7.	Remodeled or improved since purchase?	Cost: \$				
8.	Has the property been appraised by other than the County Assessor?	Yes No				
		1.0				
	Appraised value: \$ Purpose of appraisal:					
	Tupose of appraisar.					
9.	Most recent sales of comparable property (within the past 5 years):					
	Description	Sales Price	Date of Sale			
	a	\$				
	b	\$				
	c	\$				
	d.	\$				
	Information regarding sales of comparable properties may be obtained through	igh personal research. I	ocal realtors.			
appraisers, or used equipment dealers.						
10.	If this petition concerns income property, you must attach a statement	of income and expense	e for the past			
	two years and copies of leases or rental agreements.					
11.	Specific reasons why you believe the assessed valuation does not reflect					
	(The assessor is, by law, presumed to be correct. You must prove that the a					
	fair market value, (RCW 84.40.030)). Assessments of other properties, the					
	personal hardship, the amount of tax, and other matters unrelated to the man	ket value are not valid	reasons.			
	Attach any supporting documentation, such as maps, photographs, letters, a	ppraisals and/or other of	locumentary			
	evidence to support your estimate of value.					
12.	Check <u>one</u> of the following statements that applies:					
	☐ I intend to submit <u>additional</u> documentary evidence to the Board of Equalization and the assessor <u>no later</u> 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.						
10						
13.	I hereby certify I have read the above Petition and that it is true and co	errect to the best of m	y knowledge.			
		C.T.				
	Date Signat	ure of Taxpayer or Agent				
Das	war of Attornay. If nowar of attornay has been given the townsyst must se	indicate by signing the	statement			
<b>Power of Attorney:</b> 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 matters pertaining to						
	s appeal.	, commit on an matter	P-1-13111115 to			
	Date Signat	ure of Petitioner (Taxpayer)				