

SALT LAKE COUNTY BOARD OF EQUALIZATION REQUEST FOR RECONSIDERATION AND HEARING

The Salt Lake County Assessor considered the evidence and information filed with the appeal for the current year and the Clerk of the Board issued the enclosed decision. Taxpayers who are dissatisfied with the recommended decision issued by the Board may request reconsideration and a hearing by a Hearing Officer. All written documentation upon which the decision was rendered is available for inspection in the County Auditor's Office at 2001 S State Street, Room N3-300, Salt Lake City, Utah 84114. All information supplied with this form will be evaluated. Notification of a hearing date, time and location will be provided.

GENERAL INFORMATION AND DESCRIPTION OF PROPERTY FILL OUT COMPLETELY	FOR OFFICE USE ONLY
PARCEL NUMBER:	SCREENING:
OWNER OF RECORD:	APPEAL NUMBER:
PROPERTY LOCATION ADDRESS:	

STATEMENT OF FACTS AND OBJECTIONS TO PROPOSED DECISION

REQUESTED ACTION

OWNER(S) OPINION OF FAIR MARKET VALUE AS OF JANUARY 1 OF THE TAX YEAR UNDER APPEAL:	REQUIRED BY LAW: \$
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WAIVER OF HEARING APPEARANCE OPTION
<i>Check this box below if you would like to waive your appearance at a hearing in order to expedite your appeal review.</i>

I hereby agree to waive my right to an appearance before the Salt Lake County Board of Equalization. I understand that I will not be penalized in any manner for not appearing and my appeal will be reviewed in an expedited manner with my evidence as filed. Failure to appear at a hearing shall not be grounds to request a new hearing or to reopen the appeal. I also understand that I have the right to review all the evidence on file with the Clerk of the Board regarding my appeal.

ELECTION TO RECEIVE NOTICES BY E-MAIL
<i>Check this box below if you would like to receive notices concerning your appeal by e-mail</i>

I hereby agree to receive all notices relative to my appeal, including hearing notices and notices of intent to dismiss, by e-mail. I understand that I will receive notice of any final action that may affect my further appeal rights by mail rather by e-mail

I CERTIFY THAT ALL STATEMENTS HEREIN AND/OR ATTACHMENTS ARE TRUE AND CORRECT.

DATE: _____

SIGNATURE OF OWNER OR AGENT: _____

TELEPHONE NUMBER (_____) _____ - _____ E-MAIL ADDRESS _____

MAIL FORM TO: SALT LAKE COUNTY BOARD OF EQUALIZATION 2001 S STATE STREET, ROOM N3-300 PO Box 144575 SALT LAKE CITY, UTAH 84114-4575 PROPERTYTAXAPPEALS@SLCO.ORG For information or assistance call (385) 468-7200 FAX (385) 468-7205
