



# CITY OF NOME ADMINISTRATIVE REVIEW AND APPEAL FORM

Appeal #: \_\_\_\_\_

This form is for you to appeal the assessed valuation on your property. Complete Blocks 1, 2 and 3. Retain a copy for your records, and return or mail the original copy to the City Clerk's Office. Appeals must be returned or postmarked no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

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1) I appeal the value of tax parcel #: \_\_\_\_\_

Property legal description: Block \_\_\_\_\_, Lot \_\_\_\_\_, Mineral Survey \_\_\_\_\_, Other \_\_\_\_\_

Print Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_, Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_, Evening Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address to which all correspondence should be mailed (if different than above): \_\_\_\_\_

\_\_\_\_\_

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2)

Assessor's Value	Land:	Bldg:	Total:	Purchase Date:
Owner's Estimate of Value				

Owner's reason for estimate of value (including inventory corrections, sales of comparable properties, and property income statements, if appropriate). The Appellant bears the burden of proof. Grounds for adjustment of assessment are proof of unequal, excessive, improper, or under-valuation based on facts that are stated in a valid written appeal or proven at the appeal hearing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE ATTACH STATEMENT IF YOU NEED MORE SPACE)

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3) I hereby affirm that the foregoing information is true and correct, that I have read and understand the guidelines above, and that I am the owner or owner's authorized agent of the property described above.

\_\_\_\_\_  
**Signature of owner or authorized agent**

\_\_\_\_\_  
**Date signed**

\_\_\_\_\_  
**Print Name (if different form item # 1)**

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC in and for the STATE of ALASKA \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

(seal)

Appeal#:

\*\*\*\*\*

4)

<b>Assessor's Decision</b>	<b>From:</b>	<b>Land:</b>	<b>Building:</b>	<b>Total:</b>
	<b>To:</b>			

Assessor's Reason for Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(PLEASE ATTACH STATEMENT IF YOU NEED MORE SPACE)

\_\_\_\_\_  
**Date Rec'd      Decision made by      Date      Approved by      Date      Date mailed**  
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**5) Appellant's Response:**

- I ACCEPT the assessor's decision in Block 4 above and hereby withdraw my appeal.
- I DO NOT ACCEPT the assessor's decision and desire to have my appeal presented to the Board of Equalization.

\_\_\_\_\_  
**Signature of owner or authorized agent      Date      Printed Name**  
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6)

<b>BOARD OF EQUALIZATION DECISION</b>	<b>LAND:</b>	<b>BUILDING:</b>	<b>TOTAL:</b>
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\_\_\_\_\_  
**Date Received      Date Heard      Certified (Chairman or Clerk of Board)      Date      Date Mailed**

**2009 BOARD OF EQUALIZATION DATE: MAY 6, 7, & 8, 2009**

\* IF NEEDED

**THE FINAL DAY TO APPEAL IS 30 DAYS AFTER THE POSTMARK OF YOUR ASSESSMENT NOTICE**