



CITY OF NOME
ADMINISTRATIVE REVIEW AND APPEAL FORM

Appeal #: []

This form is for you to appeal the assessed valuation on your property. Complete Sections 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.

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): _____

2)

Table with 5 columns: Assessor's Value, Land, Bldg, Total, Purchase Date. Row 1: Assessor's Value, Land, Bldg, Total, Purchase Date. Row 2: Owner's Estimate of Value, [blank], [blank], [blank], [blank]

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)

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#: []

