**CITY OF NOME**
# ADMINSTRATIVE 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.

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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.

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_____

(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#:

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**4)**

| Assessor's Decision | From: | Land: | Building: | Total: |
|---|---|---|---|---|
| | To: | | | |

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)**

| BOARD OF EQUALIZATION DECISION | LAND: | BUILDING: | TOTAL: |
|---|---|---|---|
| | | | |

| Date Received | Date Heard | Certified (Chairman or Clerk of Board) | Date | Date Mailed |
|---|---|---|---|---|

## 2025 BOARD OF EQUALIZATION DATE: April 30, MAY 1 & 2 2025

**THE FINAL DAY TO APPEAL (April 25, 2025) IS 30 DAYS AFTER THE POSTMARK OF YOUR ASSESSMENT NOTICE (*March 26, 2025*)**