

# PETITION FOR REVIEW OF PROPOSED CORRECTION PERSONAL PROPERTY

Pursuant to A.R.S. § 42-16252

FOR OFFICIAL USE ONLY

**FOR PETITIONS FILED IN MARICOPA OR PIMA COUNTY, SUBMIT TO THE STATE BOARD OF EQUALIZATION (SBOE).  
IF FILED IN ANY OTHER COUNTY, SUBMIT TO THE COUNTY BOARD OF EQUALIZATION.**

- Complete items 1 through 8 as applicable. Complete the form online or print and complete manually. Sign the petition form.
- File this petition (mail or hand deliver) within 30 DAYS after the notice of decision is mailed by the Tax Officer to either the County or State Board of Equalization. Include a copy of the Tax Officer's decision
- Include a copy of the original notice (DOR 82179P) and any attachments with this petition.
- Include a current Agency Authorization form (DOR 82130AA) with this petition if the agent did not represent the taxpayer at the Assessor level of appeal.

1. COUNTY \_\_\_\_\_ ASSESSOR ACCOUNT NUMBER: \_\_\_\_\_

2. PROPERTY ADDRESS OR LEGAL DESCRIPTION \_\_\_\_\_

<p>3. TYPE OR PRINT OWNER'S NAME AS LISTED ON TAX ROLL</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP CODE _____</p>	<p>4. MAIL DECISION TO:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP CODE _____</p>
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5. COMPLETED BY: **(Owner, Agent, or Attorney)** \_\_\_\_\_

NAME/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

AGENTS ONLY: Real Estate Appraisal Division Number \_\_\_\_\_ SBOE Number \_\_\_\_\_ **(Pima and Maricopa Counties Only)**

6. **BASIS FOR THIS PETITION:** Additional documents submitted must contain the taxpayer number and be attached to the petition. Evidence contained in this appeal could be the basis for either increasing or decreasing the valuation, changing the classification, or no change.

7.

	FROM (TAX OFFICER'S PROPOSED CORRECTION)	TO (TAXPAYER'S OPINION OF VALUE)
TAX YEAR Current Year	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>
TAX YEAR One Year Prior	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>
TAX YEAR Two Years Prior	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>
TAX YEAR Three Years Prior	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>	PROPERTY CLASS _____ FCV _____ ASSMT RATIO _____ LPV _____ <small>(Mobile Homes Only)</small>

8. I hereby request that the proposed correction above be reviewed by the County or State Board of Equalization and that the Board consider the provided information in making its determination. I hereby affirm that the information included or attached is true and correct.

**X** \_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE                      DATE                      EMAIL ADDRESS