CITY OF WHITTIER, ALASKA

Appeal# _____

ADMINISTRATIVE REVIEW AND APPEAL FORM

P.O. Box 608, Whittier, AK 99693 - Phone: (907) 334-1490 Ext. 4 Fax (907)472-2404

Must be returned by May 08, 2020 by 5pm. (postmarks not accepted) If faxed, or emailed, original must be received within 15 days.

This form is for you to appeal the assessed valuation on your property. Complete Blocks 1, 2 and 3. Retain a copy for your record and return or mail the original copy to the Tax Administrator. Appeals must be returned no later than 5 p.m. on above date. The assessor will contact you regarding your appeal.

1). I appeal the value of tax parcel # _____

Property address (or legal description, mile, etc.): _____

Print owner's name (as listed on valuation roll): _____

Owners mailing address: _____

_____

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

_____

Day Phone: _____ Evening Phone: _____

2).

Assessor's Value	Land $	Improvements $	Total $	Purchase Date:
Owner's Estimate Of value:	Land $	Improvements $	Total $	Purchase Date:

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. The only 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.

_____

_____

_____

_____

See Attached

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 of authorized agent	Date signed	Print name (if different from item #1)

All appeals must be signed. Lack of signature automatically sends appeal to BOE.
Lack of representation at BOE can possibly result in original assessment or higher.

CITY OF WHITTIER
ASSESSOR'S REVIEW FORM

Appeal #_____

1) Assessor's Decision

	Land	Building	Total
From			
To			

Assessor's reason for decision:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date received _____ City Assessor _____ Date _____ Signature of Assessor _____ Date Mailed _____

2) _____Mail
_____Telephone
_____In person

_____I ACCEPT the Assessor's decision in Block 1 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 signed _____ Print name _____

3)

Board of Equalization Decision Land$_____ Building$_____ Total $_____

Date received _____ Date heard _____ Mayor Signature _____ Date _____ Date mailed _____