

CITY OF WHITTIER, ALASKA
ADMINISTRATIVE REVIEW AND APPEAL FORM

Appeal# _____

P.O. Box 608, Whittier, AK 99693 - Phone: (907)472-2327 Ext. 3 Fax (907)472-2404

Must be returned by May 14, 2021 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:
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Owner's Estimate Of value:	Land \$	Improvements \$	Total \$	Purchase Date:
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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	From	Land	Building	Total
		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 Box 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