CITY OF WHITTIER, ALASKA Appeal #_____ ADMINISTRATIVE REVIEW AND APPEAL FORM

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

Must be returned by May 10 by 5pm. Postmarks not accepted. If faxed or emailed, the 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):											
	Owner's mailing address:											
Addre	ss to which all correspondence should be mailed (if different than above):											
Day P	'hone:		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, a property income statements, if appropriate). The Appellant bears the burden of proof. The only grounds a adjustment of assessment are proof of unequal, excessive, improper, or under-valuation based on facts the are stated in a valid written appeal or proven at the appeal hearing.											
					See Attached							
3).	2		g information is true and o the owner or owner's auth		e read and understand the ne property described							

Signature of owner or 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
		То			
Asse	ssor's reaso	n for decision:			
Date re	eceived C	ity Assessor	Date	Signature of Assess	sor Date Mailed
2)	Т	lail elephone person			
		the Assessor'	s decision in I	Block 1 above and here	by withdraw my appeal.
					y appeal presented to the Boa
	of Equaliza	ation.			
Signat	ture of owne	r or authorized a	gent Date si	gned Print nar	ne
-		ation Decision	g	<u> </u>	
	id <u>\$</u>		ding\$	Total \$	
Laii	ια <u>ψ</u>				
	eceived D	ate heard	Mayor's Signat		Date mailed