

# The City and Borough of Yakutat

Office of the City, PO Box 160, Yakutat, AK 99689 907-784-3323

## ADMINISTRATIVE REVIEW AND APPEAL FORM

Appeal #

This form is for you to appeal the assessed valuation of your property. Complete items 1, 2 and 3. Retain a copy for your records and return the original to the Borough Clerk's office. Appeals must be received by the Borough Clerk no later than the date indicated on the Assessment Notice. The assessor will contact you regarding your appeal.

Appeals can be faxed to 907-784-3281 or emailed to the Borough Clerk Alfredo Munoz Jr. at admin@yakutatak.us

1. I appeal the assessed value of tax parcel # \_\_\_\_\_

Property address or legal description: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Assessed Value per Assessment Notice	Land	Buildings	Total
Owner's Estimate of Value			

2.

Purchase Date: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

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. Attach additional pages and/or documentation if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appeal #

3. I hereby affirm that the foregoing information is true and correct and, that I have read, and I understand the guidelines above. I further affirm that I am the owner or owner's authorized agent of the property described above.

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date

Subscribed and sworn to before me by \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for ALASKA

My commission expires \_\_\_\_\_

Note: Statements made by the petitioner herein will not be considered as evidence unless the petition is verified under oath.

4. ASSESSOR'S DECISION

Original assessment	Land	Buildings	Total
Assessment after review			

Assessor's reason for decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Appeal #

5. Appellant's Response:

\_\_\_\_\_ I ACCEPT the Assessor's decision in item 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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Delivered via     Fax     Email     Mail     In Person

6. Board of Equalization Decision

Assessed value per Board of Equalization	Land	Buildings	Total
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\_\_\_\_\_  
Date received

\_\_\_\_\_  
BOE Date

\_\_\_\_\_  
Certified by (Chairman or Clerk of Board)

\_\_\_\_\_  
Date appellant notified