

Property Assessment Appeal Form

Pulaski County Missouri County Board of Equalization

(Type or Print legibly in Ink)

Taxpayer Information:

Taxpayer's Name: _____

Taxpayer's Mailing Address: _____

(Street or Box #, City, State, and Zip code)

Taxpayer's Telephone Number: _____

Property Information:

Parcel Number of the Property: _____

Property Address: _____

(If same as mailing address write "same")

Current Classification of Property? (Mark appropriate Classification)

_____ Agricultural _____ Commercial _____ Residential _____ Mixed use

- What is the Market Value set by the Assessor? _____
- What is the Owner's Proposed Market Value? _____

Reason for Appeal:

Please check the reason you believe the assessment is incorrect. (Check all that apply.)

_____ **Valuation:** The value placed on the property by the assessor is incorrect.

_____ **Discrimination:** The property is assessed at a ratio greater than the average for the county.

_____ **Misgraded Agricultural Land:** The property is not in the correct Agricultural productivity grade.

_____ **Misclassification:** The proper classification of this property should be;
_____ Residential _____ Commercial _____ Agricultural _____ Mixed use

_____ **Exemption:** The property should be exempt because it is being used for;
_____ Religious Purposes _____ Educational Purposes _____ Charitable Purpose

_____ **Other Basis for Appeal**

Explain: _____

You May attach any documentation you desire the Board to Consider

Taxpayer or Agent Signature: _____ Date: _____

Pulaski County Board of Equalization

Agent Authorization Form

(Type or Print Legibly in Ink)

Authorization is hereby given for _____,
to act on the owner(s) behalf as agent in the appeal of the assessment of the property or
properties listed below, located in Pulaski County and owned by the undersigned. The agent is
given full authority to handle all matters relative to the appeal of the assessment for the
_____ tax year and to represent the undersigned, with the assistance of legal counsel, if
necessary, before the Pulaski County Board of Equalization.

Owner's Name: _____

Owner's Mailing Address: _____
(Address, City, State, Zip)

Owner's Phone: _____ Email: _____

<i>Property Parcel Number(s) or Personal Property Account Number(s)</i>	<i>Property Address (Street address, City)</i>

(Additional Properties may be attached)

Agent Name: _____

Agent's Firm: _____
(If applicable)

Agent Address: _____
(Address, City, State, Zip)

Agent Phone: _____ Email: _____

Owner's Signature: _____

Print Owner's Name: _____

Date: _____

Pulaski County Missouri Board of Equalization

Supplementary Data Sheet

(Type or Print Legibly in Ink)

A. Owner:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

B. Property Info:

Parcel or Property Tax ID #: _____

Land area (acres/square feet) _____ Building area (sq. ft.) _____

Height in stories _____ Dimension of buildings _____

Number of outbuildings _____

Size, Construction, and Use of each building _____

Use (Residential, Apartments, Retail, Office, etc.) _____

Purchase price of lot \$ _____ Year Purchased _____

Improvement cost \$ _____ Improvement done in Year _____

If purchased as improved property, purchase price \$ _____ Year _____

Cost and date of remodeling after purchase \$ _____

C. Grounds for Relief:

Please state briefly the specific grounds upon which a correction of the subject property's assessment is sought, e.g. overvaluation, discrimination, exemption, etc.

D. Commercial Property:

List income expense data for the three years preceding the subject tax years.

Income	20__	20__	20__
Annual Rentals			
Other Income			
Total Gross Income			
Less: Total Expenses			
Net Income			
*Expenses			
Management			
Salaries			
Utilities			
Supplies and Materials			
**Repair and Maintenance			
Real Estate Taxes			
Insurance			
Miscellaneous (Specify)			

E. Other Information:
