

SPACE BELOW FOR USE OF BOARD OF ASSESSMENT REVIEW

Disposition

- ☐ Unequal assessment
 - ☐ Unlawful assessment
 - ☐ Ratification of stipulated assessment
 - ☐ Excessive assessment
 - ☐ Misclassification
 - ☐ No change in assessment

Reason:_____

Vote on Complaint

- ☐ All concur
- ☐ All concur except: _____ ☐ against ☐ abstain ☐ absent
 Name
- _____ ☐ against ☐ abstain ☐ absent
 Name

Decision by

	<u>Tentative assessment</u>	<u>Claimed assessment</u>	<u>Board of Assessment Review</u>
Total assessment	\$ _____	\$ _____	\$ _____
Transition assessment (if any) ...	\$ _____	\$ _____	\$ _____
Exempt amount	\$ _____	\$ _____	\$ _____
Taxable assessment	\$ _____	\$ _____	\$ _____

Class designation and allocation of assessed value (if any):

Homestead\$ _____ \$ _____ \$ _____
 Non-homestead\$ _____ \$ _____ \$ _____
 Date notification mailed to complainant _____