

Assessor Name

Assessor Signature (click to attach)

Date

SPACE BELOW FOR USE OF BOARD OF ASSESSMENT REVIEW

Disposition

- | | |
|--|--|
| <input type="checkbox"/> Unequal assessment | <input type="checkbox"/> Excessive assessment |
| <input type="checkbox"/> Unlawful assessment | <input type="checkbox"/> Misclassification |
| <input type="checkbox"/> Ratification of stipulated assessment | <input type="checkbox"/> No change in assessment |

Reason: _____

Vote on Complaint

- | | | | | |
|---|-------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> All concur | | <input type="checkbox"/> against | <input type="checkbox"/> abstain | <input type="checkbox"/> absent |
| <input type="checkbox"/> All concur except: _____ | Name | <input type="checkbox"/> against | <input type="checkbox"/> abstain | <input type="checkbox"/> 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	_____		