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| Office Use Only | | | Taxpayer Petition To The      County Board Of EqualizationFor Exemption for Physical Improvementto a Single Family Dwelling |
| **Petition:** | |  |
| **Date: Received:** |  | |
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**This petition must be filed or postmarked by July 1 of the current assessment year or 30 days after the date of mailing of the determination notice whichever is later (up to 60 days in those counties that the legislative authority has extended the deadline).**

The undersigned petitions the Board of Equalization to review the assessor’s determination of the three-year exemption of the

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| property described below as shown below on the assessment roll for | | | | | | |  | | for taxes payable in | | |  | . |
| **ALL ITEMS MUST BE COMPLETED** (Please print) | | | | | | | | | | | | | |
| 1. **Account/Parcel Number:** | | | | |  | | | | | | | | |
| 1. **Owner:** |  | | | | | | | | | | | | |
| **Mailing Address for All Correspondence Relating to Appeal.** | | | | | | | | | | | | | |
| Street Address: | |  | | | | | | | | | | | |
| City, State, Zip Code: | | | |  | | | | | | | | | |
| **May we contact you by email?**  Yes  No **E-mail address:** | | | | | | | | | | |  | | |
| **Daytime Phone No:** | | |  | | | | | **Fax No:** | |  | | | |
| **Name of petitioner or Authorized Agent:** | | | | | |  | | | | | | | |
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| **3. General description of property.** | | | | |
| a. Address/location: |  | | | |
| b. Date construction began: | | |  | |
| c. Date construction was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| d. Description of improvement: | |  | | |
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| **4 Please attach a copy of the Assessor’s determination notice.** If you are appealing the assessment of the improvement, please use form REV 64 0075, Taxpayers Petition for Review of Real Property Valuation Determination. |

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| **5. Specific reasons why you believe the assessor’s determination was incorrect.** | | |
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| 1. **You may submit additional information, either with this Petition or prior to twenty-one business days before the hearing, to support your claim. Check the following statement that applies.**   I intend to submit additional information. My petition is complete. |

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| **7. Power of Attorney:** If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.  The person whose name appears as authorized agent has full authority to act on my behalf on all matter pertaining to this appeal. | |
| Signature of Petitioner (Taxpayer) |  |

**I hereby certify I have read this Petition and that it is true and correct to the best of my knowledge.**

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| Signed this |  | day of |  | , |  | . |  |
| REV 64 0112e (3/27/18) 1 | | | | | | | Signature of Taxpayer or Agent |

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| Instructions for Petition to the County Board of Equalization for Review of Exemption for Physical Improvement to a Single Family Dwelling Exemption |

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| All information must be completed (if applicable). **The petition must be signed and dated**. Without this information, your Petition forReview **will not be considered complete.**   1. Your account or parcel number appears on your determination notice, value change notice and tax statement. All parcel numbers related to this determination may be appealed on one form.   2.–3. Self-explanatory.   1. Please attach a copy of the assessor’s determination notice. 2. List the specific reasons for the appeal. Provide a detailed explanation of why you believe the assessor’s determination was incorrect. | 1. Additional information to support your claim may be provided either with this petition or prior to twenty-one business days before the hearing. You must also provide a copy of any additional information to the assessor. 2. Indicate if you are acting under a written Power of Attorney.   **Sign and date the petition.**  The petition must be filed or postmarked by  July 1 of the current assessment year or 30 days after the date of mailing of the assessor’s determination notice (up to 60 days in those counties that the legislative authority has extended the deadline).  One original signed petition and one copy (including all attachments) should be filed with the county board of equalization in the county where the property is located.  Please contact your county assessor’s office for assistance in completing this form. |

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| For tax assistance or to request this document in an alternate format, please call 1-800-647-7706.  Teletype (TTY) users may use the Washington Relay Service by calling 711. For assistance, contact the county board of equalization where your property is located. |

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