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| **Assessor’s Answer to Petition Appealing**  **Senior Citizen/Disabled Person Exemption Determination or**  **Deferral Determination** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | Reply to BOE Petition NO.: | |  | |
| Appellant Name: | | | | |  | | | | | | | Assessment Year(s): |  | |
| Tax Year(s): | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | |
| To the | | | |  | | | | | County Board of Equalization. | | | | |  |
| In accordance with the provisions of Chapter 84.48 RCW, I, | | | | | | | | | |  | | | | , |
|  |  | | | | | | County Assessor, hereby petition the County Board of Equalization to sustain the | | | | | | | |
| assessor’s determination noted on this form for the reasons stated in this response:  Income exceeds limitation  Did not meet program qualifications | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. Assessor’s Parcel or Tax Lot Number(s): | | | | | | | |  | | | | | |  |
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| 2. General description of property: | | | | | | | | | | | | | |
|  | 1. Address or Location: | | | | | |  | | | | | |  |
|  | 1. Land Area (sq. ft. or acres): | | | | | |  | | | | | |  |
|  | 1. Zoning/Land Use Req.: | | | | | |  | | | | | |  |
|  | 1. Brief Description of Improvements: | | | | | |  | | | | | |  |
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| 3. Present use of property: | | | | | | | | | | | | | |
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| 4. Reason for determination: | | | | | | | | | | | | | |
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| 5. Supporting documents attached: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **I hereby certify that to the best of my knowledge and belief the above is a true and correct presentation of facts relative to the appeal.** | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| Signed this | | | |  | day of |  | | | | , (year) |  | . | |
|  | | | | | | | |  |  | | | | |
|  | | | | | | | |  |  | | | | |
| Assessor Deputy | | | | | | | | | | | | | |
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| REV 64 0113 (10/25/22) | | | | | | | | | | | | | |