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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:
 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |
| 3. Present use of property: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| 4. Reason for determination: |
|  |  |  |
|  |  |  |
|  |  |  |
| 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) |