

APPEAL TO THE STATE BOARD OF EQUALIZATION

This form must be completely filled in, signed and sworn to (notarized), and filed in triplicate (original and two copies *including any attachments*) with the State Board of Equalization. File a separate form for each real property parcel or tangible personal property account which is the subject of your appeal. This form must be delivered or postmarked *within 45 days* from the date of the decision of the county board of equalization, or by August 1, whichever is later.

There is a partially refundable fee due as part of this appeal, and there are legal requirements for paying taxes while the appeal is pending, which are the subject of additional instructions available with this form. Please review these instructions carefully. This information is also available at our website <http://www.comptroller.tn.gov/sboe/sbappeal.asp>

RETURN TO: **STATE BOARD OF EQUALIZATION**
9TH FLOOR, W.R. SNODGRASS TN TOWER
312 ROSA L. PARKS AVENUE
NASHVILLE, TN 37243-1102

FOR OFFICIAL USE ONLY
DO NOT WRITE IN THIS SPACE

RECORD# _____

FEE: _____

A fee is due with this form. Click [here](#). For important information about payment of taxes while your appeal is pending click [here](#).

1. Name of Property Owner _____
 (As listed on tax notice)

2. Mailing Address _____
 Street

City State Zip Code Tel. no. w/area code Email Address

3. The following information must be provided concerning any person who will represent the property owner in this appeal

Name Relationship to owner (if Board registered agent or attorney, include registration no.)

Street Address

City State Zip Code Tel. no. w/area code Email Address

4. The classification of the property on which this complaint is made is: (Check One)

Real property (_____) Tangible personal property (_____) Intangible personal property (_____)

5. The property is presently subclassified as: (Check One)

Residential (_____) Commercial (_____) Industrial (_____) Farm (_____)

6. County in which property is located _____ Tax year under appeal _____

7. Physical address of property _____
 Street or Route Number **(No P.O. Boxes)**

8.

ASSESSOR'S PROPERTY IDENTIFICATION						
District or Ward	Map or Block	Group	Control Map	Parcel Number	Property Identifier	Special Interest

9. Personal Property Identification Number (if applicable) _____

10. Was this property appealed to County Board of Equalization?

Yes (_____) Please attach a copy of the County Board of Equalization's decision.

No (_____) Please explain why and attach a copy of the notice or decision that prompted you to appeal.

11. What is the appraised (not assessed) value according to the assessor's records for this property? _____

12. Please indicate below the use of this property on January 1 of the tax year under appeal:

- | | |
|-----------------------------|---------------------|
| () Farm | () Office building |
| () Single family residence | () Warehouse |
| () Duplex | () Retail |
| () Apartment | () Manufacturing |
| () Condominium | () Vacant Land |
| () Hotel/motel | () Other: _____ |

