



PROPERTY TAX CLASSIFICATION
TAX YEAR 2019 APPEAL FORM
RESIDENTIAL RECLASSIFICATION

Submit form to: Clerk of the Board of Supervisors
 219 East Cherry Avenue
 Flagstaff, AZ 86001-4695
 (928) 679-7145

NOTE: Your notarized signature must be on this form attesting to the truthfulness of the information you have provided. See section 10 below.

1	Name: _____	Phone: _____	Email Address: _____		
	Mailing Address: _____	City: _____	State: _____	Zip: _____	
2	Complete the following for the property under appeal (property address and parcel number listed below) Complete a separate form for each property appeal.				
	Property address: _____	Parcel No. (APN)/Account No.: _____			
3	Appeal is based on (check one): Assessor Letter _____ Date of Letter: _____ Treasurer Letter _____ Date of Letter: _____	4	Who currently resides at the property?		
Please check "yes" or "no" for each question regarding the property under appeal:				Yes	No
5	Is this property currently rented?				
6	From January 1, 2017 through present, was this property rented?				
7	From January 1, 2017 through present, was this property marketed as a rental?				
8	Are there plans to rent the property during 2019?				
9	Does a qualifying family member currently occupy the residence (Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling)? If yes, please provide: Name of Occupant: _____ Relationship to Owner: _____				
IMPORTANT: Appropriate documentation (as listed on Page 2) must provide proof of the person who is living in the property as stated here.					
Complete all 3 pages of this Appeal Form. This completed form must be received in the Office of the Clerk of the Board of Supervisors either 30 days from the date the Assessor mailed the Notice of Reclassification of Residential Property, or 30 days from the date the Treasurer mailed the penalty notice. Please attach any additional information or documentation to support your claim with your Appeal Form.					
10	Signature: _____	Date: _____			
	State of Arizona) County of Coconino)	Subscribed and sworn (or affirmed) before me this _____ day of _____, 2019.			
	(Seal)	_____ Notary Public			
For Office Use Only: _____ Appeal Denied _____ Appeal Approved Board Mtg Date: _____					

Name:	Assessor's Parcel Number:
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Property Address:

11	<p>SUPPORTING DOCUMENTATION</p> <p>To support your appeal, attach a copy of ONE of the documents showing the OCCUPANT at the address of the property under appeal:</p> <ul style="list-style-type: none"> • Voter Registration Card • Driver's License • Motor Vehicle Registration Paperwork <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="background-color: yellow; margin: 0;">Supporting documents must provide proof of <u>who is living in the property</u> – the OCCUPANT – either you or the qualifying family member you noted in Box 9 on page 1.</p> </div> <ul style="list-style-type: none"> • Copy of a portion of your last tax return showing your address (please do not send entire form – only address section)
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12	<p>Complete the following chart for <i>each</i> month listed. Place a check mark (✓) to indicate whether the property was vacant, owner-occupied, or rented for the month. <i>For partial months, enter number of weeks.</i> If the property was rented to a qualifying family member*, include the relationship. If the property is currently rented to a qualifying family member*, attach a utility bill or other appropriate documentation for verification. If the intent is rental, indicate whether the intent is to rent to a qualifying family member*.</p>
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Month	Number of weeks (if applicable)	Vacant	Owner-Occupied	Rental	If rented to a qualifying member*, list relationship.
January, 2017					
February, 2017					
March, 2017					
April, 2017					
May, 2017					
June, 2017					
July, 2017					
August, 2017					
September, 2017					
October, 2017					
November, 2017					
December, 2017					
January, 2018					
February, 2018					
March, 2018					
April, 2018					
May, 2018					
June, 2018					
July, 2018					
August, 2018					
September, 2018					
October, 2018					
November, 2018					
December, 2018					

*Pursuant to A.R.S. §42-12053, a qualifying family member is Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling.

Name:	Assessor's Parcel Number:
Property Address:	

**Additional Information
Property Tax Classification Appeal Form**

If notices regarding reclassification did NOT come to your current mailing address and you wish to change your official mailing address with the Coconino County Assessor's Office, please complete the box below.

OFFICIAL CHANGE OF MAILING ADDRESS:

Name

Street address

City State Zip

Additional Information (Please include any additional information that you feel is relevant to your appeal).