

**INSTRUCTIONS FOR
PETITION FOR REVIEW OF NOTICE OF CHANGE**

- File this petition with the **Coconino County Board of Equalization** located at 219 E. Cherry Ave. Flagstaff, AZ. Petitions must be submitted in person or postmarked by the Appeal Deadline listed on your Notice of Change.
- Provide a copy of any additional information being submitted to the County Board of Equalization. **Keep a copy of this form and all information submitted to the Board for your records.**
- The County Board of Equalization must rule on all appeals on or before the third Friday in November. If the petitioner is dissatisfied with the *County Board of Equalization's* decision, an appeal with the Superior Court or Tax Court must be filed within 60 days of the mailing of the Board's decision or by December 15th, whichever is later.
- **IMPORTANT: PETITIONER MUST COMPLETE SECTIONS 1 THROUGH 13 WHERE APPLICABLE. PLEASE TYPE OR PRINT.**

2020 PETITION FOR REVIEW OF NOTICE OF CHANGE
 PURSUANT TO A.R.S. §§ 42-15105, 42-16105, 42-16108, 42-16157, 42-16165 & 42-16205

1. Date Filed: _____ Parcel Number: _____ Account Number: _____

2. Property Address or Legal Description: _____

3. Is this a multiple parcel appeal? No Yes If yes, attach multiple parcel appeal form (DOR 82131)

4. Use of property: Commercial/Industrial, Specify Type: (Apartment, Office, etc) _____

Vacant Land Residential Agricultural Other: _____

5. Petition Completed By: Owner Agent/Attorney Other: _____

Name

Telephone

Address

City, State, Zip

If completed by an agent, complete and attach an Agency Authorization Form (DOR 82130AA).

6. Owner info (if different than petitioner info):

Name

Address

City, State, Zip

7. Has the ownership on this property changed? No Yes If yes, attach recorded documentation

8. Indicate who should receive the decision if petitioner is different than owner: Owner Petitioner

9. **Basis for Petition:** Provide evidence for appealing the Assessor's Notice of Change. Include the parcel number(s) of other properties used in your appeal. Specify if the appeal is based upon one or more of the following methods of valuation:

Market Sales Approach Cost Approach Income Approach

	Full Cash Value	Limited Property Value	Property Class	Assessment Ratio
10. Value Shown on Notice of Value				
11. Amended Value				
12. Owner's Opinion of Value				

13. I hereby affirm that the information included or attached is true and correct.

Signature of Property Owner or Representative

Telephone

Email Address