

**EMERY COUNTY BOARD OF EQUALIZATION  
APPEAL FORM**

Property Serial No. \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

\_\_\_\_\_  
Owner's Name

APPT. DATE \_\_\_\_\_

APPT. TIME \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

HOME PHONE \_\_\_\_\_

\_\_\_\_\_  
City, State & Zip

WORK PHONE \_\_\_\_\_

**Note: Agent must include a signed and notarized authorization from the property owner.**

THIS PORTION TO BE COMPLETED BY PROPERTY OWNER

[ ] BY PHONE

EXPLANATION AND STATEMENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The fair market value in my opinion is \$ \_\_\_\_\_ Signed \_\_\_\_\_ ( )Owner ( )Agent

**ASSESSOR'S REVIEW**

[ ] WITH PROPERTY OWNER

[ ] WITHOUT PROPERTY OWNER

Date of review \_\_\_\_\_

By \_\_\_\_\_

Assessor \_\_\_\_\_

(Signature)

**RECOMMENDATION**

[ ] No Adjustment

[ ] Further review

[ ] Adjustment

Reasons for Recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORIGINAL VALUE: \$ \_\_\_\_\_ ADJUSTED VALUE: \$ \_\_\_\_\_

[ ] Agrees with recommendation and value

[ ] Disagrees with recommendation and value

\_\_\_\_\_  
Owner's Signature

[ ] meet with Board of Equalization

[ ] not meet with BOE but consider information

**THIS FORM MUST BE RETURNED TO THE EMERY COUNTY CLERK/AUDITOR'S OFFICE  
PRIOR TO THE STATUTORY DEADLINE.**