

REQUEST FOR APPRAISAL REVIEW

Tracking # _____

One Tax Account Number per form. **Please submit this form by December 15th.** If you wish to file an appeal after December 15th you have until December 31st to file with the County Clerk's office for the Property Valuation Assessment Board.

Owner Name: _____ Phone #: _____

Address: _____ Email: _____

Account #: _____ Map & Tax Lot #: _____

Property Address: _____

Appraised Value: Land \$ _____ Buildings \$ _____ Manufactured Home \$ _____

If Purchased in the last 5 years – Purchase Date: _____ Seller's Name: _____

Price: \$ _____ Realtor's Name: _____

List changes made to property since you purchased it: _____

Have you offered this property for sale? YES NO Price Asked \$ _____

If property is leased or rented, please provide details including price per month: _____

Why does the property need to be reappraised? _____

Since the Oregon Statutes require that appraisals be based on real market value, we must estimate what your property would sell for if offered on the open market. Please give us your estimate of real market value:

Land: _____ Timber: _____

Building(s): _____ Other: _____

Signature: _____ **Date:** _____

FOR ASSESSOR USE ONLY

Date Taxpayer Contacted: _____ Type of Contact: _____

Date Taxpayer Contacted: _____ Type of Contact: _____

Date Taxpayer Contacted: _____ Type of Contact: _____

Date Property Visited: _____

No Change Change as follows:

Land \$ _____

Comment/Reply to Taxpayer: _____

Buildings \$ _____

MFH \$ _____

Total \$ _____

Appraiser: _____