Taxpayer Petition to the Thurston County Board of Equalization for Review of Personal Property Valuation Determination

Office Use Only	*Tax Parcel No. (11 digits): _	
Petition		I request the information
Date		used by the assessor in
		valuing my property.

This Petition must be filed or postmarked no later than July 1 of the current assessment year or 60 days after the date of mailing of the Assessor's "Personal Property Value Change Notice". If filing after July 1, a copy of the Notice must be attached to this Petition.

The undersigned Petitions the Board of Equalization to change the valuation of the property described below as shown on the assessment roll for * 2023 for taxes payable in * 2024 to the amount shown in Item No. 5(b) on this form.

ΑI	ALL ITEMS MUST BE COMPLETED (Please print)							
1.	*Account/Parcel Number: Enter this number in the space provided at the top right-hand corner of this Petition.							
	Your account or parcel number appears on both your Value Change Notice and your tax statement. If you are appealing multiple parcels, you must submit separate Petitions for each parcel.							
2.	*Owner:							
	*Mailing Address for All Correspondence Relating to Appeal: Street address:							
								City, State, Zip Code:
	Daytime Phone No.: Cell Phone No.:							
	E-mail address:							
	Name of petitioner or authorized agent:							
3.	The property which is the subject of this Petition is (check all which apply):							
	Leasehold Commercial equipment							
	Farm equipment	Other						
4.	General description of property:							
	a. Address/Location:							
	b. Description of building:							
	c. Type of personal property:							
_	* (a) Assessor's determination of true & fair value:	(h) Vann artimata aftura 9 faireachas						
ο.		* (b) Your estimate of true & fair value:						
	Personal property\$	Personal property\$						
	Improvements/Bldgs\$	Improvements/Bldgs\$						
	Crops/Minerals \$	Crops/Minerals\$						
	TOTAL							
	Assessor's "Personal Property Value Change Notice" was dated (if known):							
6.	Purchase price of property: \$	_						
	Date of purchase:							

For tax assistance or to request this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711. For assistance, contact the county board of equalization where your property is located.

7.	Remodeled or improved since purchase?	Yes	No	Cost:	\$			
8.	Has the property been appraised by other than the	he County	Assessor?	Yes	No			
	If yes, appraisal date:	•						
	Appraised value: \$		pose of appraisal:					
Λ	M. A	_						
9.	Most recent sales of comparable property (within	n the pasi	3 years):	G - 1	- D.:	D.4 f.C.1.		
	Description				le Price	Date of Sale		
	a. b.			\$ \$				
				\$				
	cd.			\$ \$				
	Information regarding sales of comparable prop	erties may	y be obtained throu	*	nal research. I	ocal realtors		
	appraisers, or used equipment dealers.		,	O P -1001		311010,		
10	If this Detition assessment recommendate veget	must of	tash a statement	of in some	and avnance	for the nest		
10.	If this Petition concerns income property, you two years and copies of leases or rental agree		tach a statement (oi income	e and expense	e for the past		
11.	*Specific reasons why you believe the assesse							
	(The assessor is, by law, presumed to be correct		•					
	market value, (RCW 84.40.030)). Assessments a hardship, the amount of tax, and other matters u					crease, personal		
	nardship, the amount of tax, and other matters a	inclated t	o the market value	are not v	and reasons.			
-	Attach any supporting documentation, such as m	aps, phot	ographs, letters, ap	praisals a	nd/or other do	ocumentary		
	evidence to support your estimate of value. (We a							
	submission.)					=		
	portant Note: Regardless of what you select in section to twenty-one (21) business days before your hearing							
SOC	n as possible to increase the chances of receiving a va	lue reduct	ion offer from the A	ssessor wit	thout going to a			
	nplete Petition is filed, a copy of any additional inform		st also be provided to	the Asses	sor's Office.			
12.	Check <u>one</u> of the following statements that appl							
	I intend to submit <u>additional</u> documentary evidence to the Board of Equalization and the assessor <u>no later</u> than twenty-one business days prior to my scheduled hearing.							
	My Petition is complete. I have provided all the documentary evidence that I intend to submit, and I request a							
	hearing before the Board of Equalization as	soon as p	oossible.					
13.	I hereby certify I have read the above Petition	n and tha	nt it is true and co	rrect to t	he best of my	knowledge.		
	*		*		•	S		
	Date		Signature of Tax ₁	payer or Ago	ent			
_								
	wer of Attorney: If power of attorney has been attaching a signed power of attorney.	given, the	taxpayer must so	ındicate b	y signing the	statement below		
The person whose name appears as authorized agent has full authority to act on my behalf on all matters pertaining to								
this appeal.								
	Date		Signature of Petit	ioner (Taxp	oayer) giving Pow	ver of Attorney		
								