



Board of Tax Appeals
P.O. Box 40915
Olympia WA 98504-0915

Washington State Board of Tax Appeals Notice of Appeal - Informal - Property

Under Chapter 456-10 WAC, Informal Appeal, I appeal the decision of the _____
_____ County Board of Equalization for Petition Number _____
_____ pertaining to Assessment Year _____ for taxes payable in _____
(following year).

For State Board Use Docket Number

Type of Appeal

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Apartment Complex | <input type="checkbox"/> Exemption | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Reconvene | <input type="checkbox"/> Vacant Lot |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Open Space Removal | <input type="checkbox"/> Other _____ | |

Property Address: _____
Parcel Number: _____ Describe Property: _____

Value Set by the County Board	
Land	\$ _____
Improvements/Buildings	\$ _____
Personal Property	\$ _____
Total	\$ _____

Appellant's Estimate of Value	
Land	\$ _____
Improvements/Buildings	\$ _____
Personal Property	\$ _____
Total	\$ _____

Reasons for Appeal: (use attachment if necessary) _____

▶ Appellant(s) Signature (If not represented by Attorney or CPA)	Print Name		
Mailing Address – Street	City	State	Zip Code
Daytime or Message Telephone Number ()	E-Mail Address		

▶ Representative's Signature (If any)	Print Name		
Bar Number or Certified Public Account License Number ↻			
Mailing Address – Street	City	State	Zip Code
Daytime or Message Telephone Number ()	E-Mail Address		

FOR ASSESSOR USE ONLY – If Assessor is Filing, Please Provide Name & Address of Taxpayer

Name			
Mailing Address – Street or Box Number	City	State	Zip Code

Instructions

To appeal the valuation of your property, please send **only the following two items below** to the Board of Tax Appeals within 30 days of the mailing of the *County Board of Equalization Order*. See RCW 84.08.130 and 1.12.070.

For additional information please see Chapter 456-10 WAC.

➤ Item 1:

This **Notice of Appeal**, including the **original signature** of the appellant or their authorized representative, if the representative is an Attorney or Certified Public Accountant licensed in the State of Washington.

➤ Item 2:

A **copy** of the **County Board of Equalization Order** you are appealing.

Send to: Mailing Address:

Board of Tax Appeals
P.O. Box 40915
Olympia WA 98504-0915

OR

Delivery Address:

910 - 5th Avenue S.E.
Olympia WA 98501

Fax or E-mail transmittals are acceptable **only** if the original *Notice of Appeal* is postmarked or delivered to the Board on or before the date of transmission. See WAC 456-10-325.

The Board of Tax Appeals will send a copy of your *Notice of Appeal and Board of Equalization Order* to the opposing party.

What's Next?

You will be mailed a letter acknowledging receipt of your appeal. This letter will also include your Docket Number. All future communication with the Board regarding your appeal must reference this Docket Number.

After receipt of your Docket Number you may provide any additional materials that support your case to both the Board of Tax Appeals and the opposing party.

Public Disclosure Notice:

Under the provisions of RCW Chapter 42.17 and WAC Chapter 456-12, information and materials submitted to the Board of Tax Appeals are considered public records and are available for public inspection and copying.

Questions?

If you have questions concerning this form, or would like to request this form in an alternate format, contact the Board of Tax Appeals at 360-753-5446 (voice/TDD), bta@bta.state.wa.us (e-mail), 360-586-9020 (fax), or write:

Board of Tax Appeals
P.O. Box 40915
Olympia, WA 98504-0915

For more information, visit the Board's web site at <http://bta.state.wa.us>.