

PETITION FOR REVIEW OF PROPERTY APPRAISAL

THIS COMPLAINT WILL NOT BE REVIEWED UNLESS FILLED OUT IN DETAIL

ANY PETITION FILED WITH THE ASSESSOR MUST BE FILED WITHIN 8 DAYS OF RECEIVING A NOTIFICATION OF INCREASE

Filed with: State Tax Commissioner Matthew Irby Assessor of Harrison County Date _____

Complainant: _____ Mailing Address: _____ Phone: _____

Type of Property: Residential _____ Commercial _____ Industrial _____ Natural Resources _____
 Real _____ Personal _____
 Account #: _____

Type of Complaint: Valuation _____ Classification _____

Property Assessed in the Name of: _____

Address of Property: _____

District _____ Map _____ Parcel _____ Acres _____ Description _____

Purchase Price \$ _____ Date of Purchase _____ Property Insured for: \$ _____

Appraised Value Current Year \$ _____ Appraised Value Prior Year \$ _____ Complainant's Value \$ _____

Do you have a recent appraisal? Y _____ N _____ If yes, what is the amount of the appraisal \$ _____ Date of Appraisal _____

REASON AND BASIS FOR COMPLAINT

Please state the reason and basis for this complaint. In order to be considered the complainant must provide substantial information that justifies the complainant's opinion of value or classification

Cost Data: Replacement Cost or Cost to Build or Rebuild the Property \$ _____ True and Actual Value of the Land \$ _____

Income Data: Attach income and expense data relating to the property for the three most recent consecutive fiscal years.

Market Data: List below the true and actual value of three comparable properties in the same geographic area.

1 _____

2 _____

3 _____

I do hereby certify that the above statements are true to the best of my knowledge and ability and that all questions on this petition pertaining to the property have been answered.

Signature of Complainant