

EQUALIZATION APPEAL OF PROPERTY CLASSIFICATION OR VALUE
(Pursuant to K.S.A. 79-1409)
(THIS FORM MUST BE FILED WITH YOUR COUNTY APPRAISER)

IN THE MATTER OF THE APPEAL OF:

FOR OFFICIAL USE ONLY

NAME (Owner of Record) _____

MAILING ADDRESS (Street, Box #) _____

CITY STATE ZIP _____

E-MAIL _____

TELEPHONE:
Home: () _____

Work () _____

ATTORNEY OR REPRESENTATIVE (if applicable):

McPHERSON COUNTY

NAME TITLE _____

YEAR AT ISSUE _____

ADDRESS _____

NOTE: If you are to be represented by an attorney or other individual, you must provide either an Entry of appearance or current Declaration of Representative.

CITY STATE ZIP _____

E-MAIL _____

TELEPHONE: _____

1. DESCRIBE PROPERTY UNDER APPEAL:

() Personal Property - Give description and Personal Property Number used by County

ID No: _____

() Real Property (Real Estate) - Give street address or legal description and provide:

Parcel ID No: _____

2. OWNER'S OPINION OF APPRAISED VALUE and/or CLASSIFICATION AS OF JAN. 1st this year

\$ _____ CLASS _____

MORE ----- PLEASE COMPLETE ENTIRE FORM

3. Briefly explain why you are filing this appeal and state the law (if known) or facts on which your appeal is based. Simply stating values are "too high" is insufficient. Be specific. If more space is needed attach additional sheets.

I hereby certify that all information/documentation contained herein, attached hereto or hereafter provided by me is true and correct to the best of my knowledge and belief.

APPLICANT (or authorized representative) Signature

DATE

TITLE

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