Taxpayer Petition to the County Board of Equalization for **KITSAP**

Review of Personal Property Valuation Determination

Office Use Only		Tax Parcel No:		
Petition		☐ I request the information		
Date		used by the assessor in valuing my property.		
		valuing my property.		
This petition must be filed or postmarked no later than July 1 of the current assessment year or 30 days after the date of mailing of the change of value or other determination notice (60 days in those counties that the Legislative Authority has extended the deadline). If filing after July 1, a copy of the determination 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.				
ALL ITEMS MUST BE COMPLETED (Please print)				
	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 determination notice and your tax statement. If you are appealing multiple parcels, you must submit separate petitions for each parcel.			
-	. Owner:			
	Mailing Address for All Correspondence Relating to Appeal:			
	Street address: City, state, zip code:			
	Daytime Phone No:	r v		
	Name of petitioner or authorized agent: Fax No: Manuel of petitioner or authorized agent:			
	<u> </u>			
3.	The property which is the Leasehold Farm equipm	e subject of this petition is (check all which apply): Commercial equipment ent Other		
	General description of pra. Address/Location:	operty:		
	h Description of hydding.			
	c. Type of personal prop			
5.	(a) Assessor's determina	tion of true & fair value: (b) Your estimate of true & fair value:		
	` '	Personal property\$		
		s\$ Improvements/Bldgs\$		
		\$ Crops/Minerals\$		
		\$		
		alue Notice" or other determination notice was dated:		
6.	Purchase price of propert	y: \$		
	Date of purchase:	<i>y</i> . Ψ		

For tax assistance or to request this document in an alternate format, please call 1-800-647-7706. 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?	No Cost: \$			
Has the property been appraised by other than the County Assessor?				
ii yes, appraisar date.	by whom:			
Appraised value: \$ Pur	Appraised value: \$ Purpose of appraisal:			
. Most recent sales of comparable property (within the past 5 years):				
Description	Sales Price	Date of Sale		
a.	\$			
b	¢			
c	Φ.			
d.	\$			
	*	lagal magltang		
Information regarding sales of comparable properties may be obtained through personal research, local realtors, appraisers, or used equipment dealers.				
appended to the second of the				
10. If this petition concerns income property, you must attach a statement of income and expense for the past				
two years and copies of leases or rental agreements.	······································	c tot one puse		
11. Specific reasons why you believe the assessed valuation	on does not reflect the true and fair mai	·ket value.		
(The assessor is, by law, presumed to be correct. You mu				
market value, (RCW 84.40.030)). Assessments of other p				
hardship, the amount of tax, and other matters unrelated		, r		
Attach any supporting documentation, such as maps, photographs, letters, appraisals and/or other documentary				
evidence to support your estimate of value.				
evidence to support your estimate of value.				
12. Check one of the following statements that applies:				
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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 possible.				
13. I hereby certify I have read the above Petition and that it is true and correct to the best of my knowledge.				
Date	Signature of Taxpayer or Agent			
Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below				
or attaching a signed power of attorney.				
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 Petitioner (Taxpayer)		