

**BOARD OF EQUALIZATION APPEAL FORM  
OWNER STATEMENT**

*NOTE: This form is to be returned to the Board of Equalization prior to protest hearing*

**Parcel Number:** \_\_\_\_\_

**Protest Number:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Telephone (Day)** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Telephone (Nights)** \_\_\_\_\_

**Legal Description** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Owner's Opinion of Market Value**

**Bear Lake County's Assessed Value**

\$ \_\_\_\_\_

**Land**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Improvements**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Other**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL VALUE**

\$ \_\_\_\_\_

**Reason Owner feels value should be changed:** \_\_\_\_\_

**Date Owner Purchased Property:** \_\_\_\_\_

**Purchase Price:** \$ \_\_\_\_\_

**Property is currently occupied by:** Owner \_\_\_\_\_ Tenant \_\_\_\_\_ **If Rented; Monthly Rent:** \$ \_\_\_\_\_

**Has Owner made any renovations, additions or remodels since purchase of property?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, state cost:** \$ \_\_\_\_\_, **Dates** \_\_\_\_\_

**Kinds of renovations, additions, or remodels:** \_\_\_\_\_

**List three (3) sales that the owner feels are comparable to the appealed property**

Name	Location	Sale Price	Sale Date
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_