

APPEAL TO THE STATE BOARD OF EQUALIZATION

FOR OFFICIAL USE ONLY
DO NOT WRITE IN THIS SPACE

This form must be COMPLETELY FILLED IN, SIGNED AND SWORN TO, AND FILED IN TRIPLICATE (original and two copies **including any attachments**) with the State Board of Equalization. Any taxpayer, assessor of property, or taxing jurisdiction who desires to appeal to the State Board from action taken by the County Board of Equalization must do so before AUGUST 1 of the tax year for which the appeal is made or 45 days from date of the County Board of Equalization's notice which ever is later. To learn more visit <http://www.tn.gov/comptroller/sb/sbappeal.htm>.

RETURN TO: **STATE BOARD OF EQUALIZATION
JAMES K. POLK STATE OFFICE BUILDING
505 DEADERICK STREET, SUITE 1700
NASHVILLE, TENNESSEE 37243-1402**

RECORD# _____

FEE: _____

A fee is due with this form. Click [here](#). For important information about payment of taxes while your appeal is pending click [here](#).

1. Name of Property Owner _____
(As listed on tax notice)

2. Mailing Address _____
Street

City _____ State _____ Zip Code _____ Tel. no. w/area code _____

3. The following information must be provided concerning any person who will represent the property owner in this appeal

Name _____ Relationship to owner (if Board registered agent, include registration no.) _____

Street Address _____

City _____ State _____ Zip Code _____ Tel. no. w/area code _____

4. The classification of the property on which this complaint is made is: (Check One)

Real property (_____) Tangible personal property (_____) Intangible personal property (_____)

5. The property is presently subclassified as: (Check One)

Residential (_____) Commercial (_____) Industrial (_____) Farm (_____)

6. County in which property is located _____ Tax year under appeal _____

7. Physical address of property _____
Street or Route Number (**No P.O. Boxes**)

8.

ASSESSOR'S PROPERTY IDENTIFICATION						
District or Ward	Map or Block	Group	Control Map	Parcel Number	Property Identifier	Special Interest

9. Personal Property Identification Number (if applicable) _____

10. Was this property appealed to County Board of Equalization?

Yes (_____) Please attach a copy of the County Board of Equalization's decision.

No (_____) Please explain why and attach a copy of the notice or decision that prompted you to appeal.

11. What is the appraised (not assessed) value according to the assessor's records for this property? _____

12. Please indicate below the use of this property on January 1 of the tax year under appeal:

- | | |
|-----------------------------|---------------------|
| () Farm | () Office building |
| () Single family residence | () Warehouse |
| () Duplex | () Retail |
| () Apartment | () Manufacturing |
| () Condominium | () Other: _____ |
| () Hotel/motel | |

