

One Tax Account Number per form. Please submit this form by December 15th. If you wish to file an appeal after December 15th you have until December 31st to file an appeal with the County Clerks Office for the Board of Property Tax Appeals.

Tracking No.

REQUEST FOR APPRAISAL REVIEW

Owner Name: _____ Account No. _____
Property Address: _____ Map/Tax Lot No. _____
Appraised Value: Land \$ _____ Buildings \$ _____ Manufactured Home \$ _____ Total \$ _____

IF PURCHASED WITHIN THE LAST 5 YEARS

Date of Purchase: _____ Price: \$ _____
Seller's Name: _____ Realtor's Name: _____
How has the property changed since you purchased it? _____

Have you offered this property for sale? _____ Price Asked: \$ _____
If this property is rented or leased, please give rental information: _____

Reason Why Property Needs to be Reappraised

Since the Oregon Statutes require that appraisals be based on real market value, we must estimate what your property would sell for if offered on the open market. Please give us your estimate of real market value:
\$ _____
How much of that total estimate would you attribute to the land? \$ _____
Buildings: \$ _____ Timber: \$ _____ Other: \$ _____
Date: _____ Signature: _____
Telephone No. () _____ Address: _____
Email: _____

FOR ASSESSOR USE ONLY

Date Taxpayer Contacted: _____ Type of Contact: _____
Date Taxpayer Contacted: _____ Type of Contact: _____
Date Taxpayer Contacted: _____ Type of Contact: _____
Date of Property Visit: _____
No Change: _____ Change as Follows:
Land \$ _____ Buildings \$ _____ Manufactured Home \$ _____ Total \$ _____
Comment/Reply to Taxpayer: _____
Appraiser: _____