

**Attach \$281 Fee  
Instructions Follow**

IN THE OREGON TAX COURT  
MAGISTRATE DIVISION  
**Property Tax**

\_\_\_\_\_, )  
\_\_\_\_\_, )  
Name(s) )  
Plaintiff(s), )  
versus )  
\_\_\_\_\_ COUNTY ASSESSOR, )  
**AND/OR** )  
*NOTE: See instructions regarding "HEADING."  
After reviewing instructions, if you want to name the  
Department of Revenue as a defendant, check below:* )  
\_\_\_\_\_ DEPARTMENT OF REVENUE, ) Case No. \_\_\_\_\_ (for court use only)  
State of Oregon, )  
Defendant(s). ) **COMPLAINT**

**SECTION 1.** Tax year(s) appealed: \_\_\_\_\_. Plaintiff(s) (*circle one*) owned/ leased property identified by the assessor as account number(s) \_\_\_\_\_ (If multiple accounts listed, the identified property must be contiguous or adjoining); the property is (*circle one*): Residential Omitted Commercial Industrial Forest Farm Exempt Personal Other: \_\_\_\_\_

**SECTION 2.** Plaintiff(s) appeal(s) from an order, letter, notice, or other governmental action.  
**\* Attach a Copy of the Order, Letter, Notice, or Other Document Being Appealed.\***

**SECTION 3.** Such order, letter, or notice is in error because \_\_\_\_\_

**SECTION 4.** Plaintiff(s) request(s) the following relief or real market value: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's Name (*PRINT*) (**must be completed**)  
\_\_\_\_\_  
Additional Plaintiff's Name (*PRINT*)  
\_\_\_\_\_  
Mailing Address (**must be completed**)  
\_\_\_\_\_  
City, State, Zip (**must be completed**)  
\_\_\_\_\_  
Telephone Number (**must be completed**)

\_\_\_\_\_  
Representative's Name (*PRINT*)\*  
\_\_\_\_\_  
Representative's **Oregon** Bar or License Number  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone Number

Notify me of proceedings electronically. I understand that if I am ever a party to a case in another Oregon court, I may receive electronic notices from that court as well. My email address is:  
\_\_\_\_\_

\_\_\_\_\_  
Representative's Signature (if above completed)  
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**Plaintiff's Signature** Date Signed  
\_\_\_\_\_  
**Additional Plaintiff's Signature** Date Signed

\* If your representative is not an **Oregon** lawyer, an Authorization to Represent must be completed and submitted with this Complaint. An authorization form is available by request or at our website at <http://courts.oregon.gov/courts/tax>.

