SHOSHONE COUNTY, IDAHO
NOTICE OF APPEAL
BEFORE THE BOARD OF EQUALIZATION

Parcel Number _____ **One form must be completed for EACH appeal. Include a copy of your Assessment Notice with your appeal.**

Appellant is: __An Individual __Partnership __Corporation __Trustee __Other_____

Owner's Name_____ Owner's Phone_____

Mailing Address_____ City_____State____Zip_____

Who will represent the Appellant before the BOE: __Yourself __Other_____

Name_____ Phone_____
(if different from owner (if different from owner)

Mailing Address_____ City_____State____Zip_____
(if different from owner)

Owner's Opinion Of Market Value		**Shoshone County's Assessed Value**
$ _____	**Land**	$ _____
$ _____	**Building**	$ _____
$ _____	**Other (PP, etc)**	$ _____
$ _____	**TOTAL VALUE**	$ _____

Reason owner feels value should be changed (use additional pages, if necessary): _____

_____

_____

_____

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 _____ and 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 Signature _____ **Date** _____

This form must be returned to the Board of Equalization, Shoshone County, 700 Bank Street, Suite 120, Wallace, Idaho 83873, by the 4th Monday in June (June 26, 2017) by the end of normal business hours (5:00 p.m.) Idaho Code Section 63-501A.

FOR OFFICIAL USE ONLY

Date Received:_____ **By:**_____ **Hearing Date:**_____ **Time:**_____