

**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 \$ _____

Insured Value: _____ Outstanding Mortgage: \$ _____

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 24, 2019) 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:** _____