



PETITION FOR REVIEW OF ASSESSMENT BY LOCAL ASSESSING OFFICIAL - PROPERTY TAX ASSESSMENT BOARD OF APPEALS

State Form 21513 (R6 / 3-08)
Prescribed by the Department of Local Government Finance

FORM 130				
FOR ASSESSOR'S USE ONLY				
PETITION NUMBER				
-----0-----				
Co.	Dist.	Yr.	Prop. Class	Sequence
Property Class 1. Agricultural 5. Residential 2. Mineral Rights 6. Mobile Homes 3. Industrial 7. Personal 4. Commercial				

Check type of property under appeal (check only one): Real Personal

Assessment year under appeal

MARCH 1, _____

GENERAL INSTRUCTIONS:

1. Please print or type.
2. The petitioner should complete Section I, Section II, and Section III of this form.
3. The petition must be signed by the petitioner or an authorized representative. A representative must attach a notarized power of attorney unless the representative is a duly authorized employee of corporate officer of the taxpayer.
Is a power of attorney attached? Yes No
4. Certified tax representatives must attach a Tax Representative Disclosure statement. 50 IAC 15-5-5

As a result of filing this petition, the assessment may increase, may decrease, or may stay the same.

SECTION I: PROPERTY & PETITIONER INFORMATION		
County	Township	Parcel or key number (for real property only)
Address of property being appealed (number and street, city state, and ZIP code)		
Legal description on Form 11 or Property Record card (for real property), or business name (for personal property)		
Name of property owner	Telephone number of property owner ()	
Mailing address of property owner (number and street, city state, and ZIP code)		
Name of authorized representative (if different from owner)	Telephone number of authorized representative ()	
Mailing address of authorized representative (number and street, city state, and ZIP code)		

SECTION II: REASON FOR APPEAL			
	Land	Improvements	Personal Property
The property described in Section I is currently assessed at:			
The petitioner contends that the property should be assessed at:			
Present use for the property			
Use for which property was designed			
Classification of property (commercial, residential, etc.)			
Was property sold in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of sale (month, day, year)		Sale price
<i>If the property was sold in the last three years, attach the purchase agreement, escrow statement, closing statement, or other evidence, if available. If buyer and seller were or are related or had any common business interests, attach an explanation of the relationship.</i>			
<i>If the property was not sold but was listed for sale in the past three years, attach a copy of the listing agreement or other available evidence.</i>			
Do you intend to present the testimony or report of a professional assessor / appraiser? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property valued higher than comparable properties? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, attach the owner's name and address of each comparable property and explain how the property is comparable to the property being appealed.</i>			

The requested change in value is justified for the following reasons: (Give specific reasons why the value should be changed. Do not give conclusions such as the assessment is too high.)

SECTION III: SIGNATURES

Petitioner, taxpayer, or duly authorized employee or corporate officer of the taxpayer

I certify that my entries in Section I and Section II are accurate to the best of my knowledge and belief. I also understand that by appealing my assessment, my assessment may increase, may decrease, or may remain the same.

Signature of petitioner, taxpayer, or duly authorized officer

Date of signature (month, day, year)

Printed or typed name of petitioner, taxpayer, or duly authorized officer

Tax representative

I certify that the entries in Section I and Section II are accurate to the best of my knowledge and belief. I certify that I have viewed this property, the property record card, and Form 11 or Form 113, and that I have the authority to file this appeal on behalf of the taxpayer. I certify that I have made all necessary disclosures to my client, pursuant to 50 IAC 15-5.5.

Signature of tax representative

Date of signature (month, day, year)

Printed or typed name of tax representative

Attorney representative

I certify that my entries in Section I and Section II are accurate to the best of my knowledge and belief.

Signature of attorney representative

Date of signature (month, day, year)

Printed or typed name of attorney representative