Office Use Only
Petition:
Date

Taxpayer Petition To The _____ County Board Of Equalization For Review Of Senior Citizen/Disabled Person Exemption Or Deferral Determination

This petition must be filed or postmarked by July 1 of the current assessment year or 30 days after the date of mailing of the determination notice (up to 60 days in those counties that the Legislative Authority has extended the deadline).

The undersigned petitions the Board of Equalization to review the assessor's determination of exemption/deferral of the property described below as shown on the assessment roll for _____ for taxes payable in _____ .

ALL ITEMS MUST BE COMPLETED (Please print)

1. Account/Parcel Number: _____

2. Owner: _____

Mailing Address for All Correspondence Relating to Appeal.

Street Address: _____

City, State, Zip Code: _____

May we contact you by email? ☐ Yes ☐ No **E-mail address:** _____

Daytime Phone No: _____ **Fax No:** _____

Name of petitioner or Authorized Agent: _____

3. General description of property.

a. Address/location: _____

b. Lot size (acres): _____

c. Is any portion of this property leased or rented to others (i.e. duplex)? ☐ Yes ☐ No

If yes, describe what portion:

4 The determination made by the Assessor was for the:

☐ Exemption Program – 84.36 RCW

☐ Deferral Program – 84.38 RCW (Senior Citizens and Disabled Persons)

☐ Deferral Program – 84.37 RCW (Homeowners with Limited Income)

Reason for denial:

☐ Income Exceeds Limitation

☐ Did not meet qualifications

Please attach a copy of the Assessor's determination notice.

5. Specific reasons why you believe the assessor's determination was incorrect.

6. You may submit additional information, either with this Petition or prior to seven business days before the hearing, to support your claim. Check the following statement that applies.

☐ I intend to submit additional documentary evidence to the Board of Equalization and the assessor **no later** than seven business days prior to my scheduled hearing.

☐ My petition is complete. I have provided all the documentary evidence that I intend to submit and I request a hearing before the Board of Equalization as soon as possible.

7. Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.

The person whose name appears as authorized agent has full authority to act on my behalf on all matter pertaining to this appeal.

Signature of Petitioner (Taxpayer)

I hereby certify I have read this Petition and that it is true and correct to the best of my knowledge.

Signed this _____ day of _____, _____. _____

Signature of Taxpayer or Agent

Instructions for Petition to the County Board of Equalization for Review of Senior Citizen/Disabled Person Exemption or Deferral Determination

All information must be completed (if applicable). **The petition must be signed and dated**. Without this information, your Petition for Review **will not be considered complete.**

1. Your account or parcel number appears on your determination notice, value change notice and tax statement. All parcel numbers related to this determination may be appealed on one form.

2.–3. Self-explanatory.

4. Please indicate if you are appealing an assessor's determination related to the exemption program or the deferral program. Also, indicate if the assessor denied your application because your income exceeds the statutory limitation or if the denial was based on other eligibility qualifications. Please attach a copy of the assessor's determination notice.

5. List the specific reasons for the appeal. Provide a detailed explanation of why you believe the assessor's determination was incorrect.

6. Additional information to support your claim may be provided either with this petition or prior to seven business days before the hearing. You must also provide a copy of any additional information to the assessor.

7. Indicate if you are acting under a written Power of Attorney.

Sign and date the petition.

The petition must be filed or postmarked by

July 1 of the current assessment year or 30 days after the date of mailing of the assessor's determination notice (up to 60 days in those counties that the Legislative Authority has extended the deadline).

One original signed petition and one copy (including all attachments) should be filed with the County Board of Equalization in the county where the property is located.

Please contact your County Assessor's office for assistance in completing this form.

To ask about the availability of this publication in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users, please call (360) 705-6718. For tax assistance, call (360) 534-1400.