



Before the Utah State Tax Commission
Request for Redetermination of County Board of Equalization Decision

TC-194
Rev. 10/12

Property Owner/Taxpayer Information

Property owner/Taxpayer name

Mailing address

Daytime phone number

Fax number

Email address

I authorize the person named at right to represent me.

Representative (if any)*

Representative name

Mailing address

Daytime phone number

Fax number

Email address

**The representative may complete, sign and submit this form if he or she has Power of Attorney (POA) on file with the county. The POA must be submitted to the Tax Commission prior to the hearing.*

If you need help with this form, contact the Tax Commission Appeals Unit at 801-297-2280 or 801-297-2281.

Property Information (check all boxes that apply)

NOTE: You may use a single form for multiple parcels if they share the same ownership and are related parcels or involve related issues.

Parcel number: _____ Tax assessment year: _____

Location or address of property: _____

County: _____

Property Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Duplex or triplex | <input type="checkbox"/> Secondary residence (e.g. cabin) |
| <input type="checkbox"/> Apartment building (four or more units) | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Vacant land residential | <input type="checkbox"/> Vacant land commercial/industrial | <input type="checkbox"/> Agricultural/Greenbelt |
| <input type="checkbox"/> Personal property (specify): _____ | | |

Primary reason for appeal: Valuation Equalization to comparable properties Eligibility for exemption Misclassification

If you are contesting the assessed value of the property, state your **estimate** of value: _____

NOTE: If contesting the County Board of Equalization's determination of fair market value, you must provide information to establish the fair market value of your property on January 1 of the year you are appealing.

Hearing by Phone

Check here if you prefer to participate in your hearing by phone:

NOTE: Except for Davis, Salt Lake and Summit Counties, the hearing will be held at the county offices unless the county also participates by phone. Regardless, you and/or your representative may always participate by phone.

Requirements & Signature — Check all boxes and sign.

- I understand I must complete this form and file it with the county auditor within 30 days after the date of the Board of Equalization decision.
- I understand I must provide information supporting my position to the county and to the Utah State Tax Commission Appeals Unit **10 business days before the scheduled hearing**, and that notice of the scheduled hearing date with addresses for the county and the Appeals Unit will be mailed to me. **I further understand if my information is not provided as directed, my information might not be accepted at the hearing.**

Property owner/taxpayer's or representative's name (print)	Signature X	Date
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Below this line to be completed by the County Auditor

By submitting this form to the Tax Commission, I certify the County Board of Equalization (BOE) heard the owner/taxpayer's appeal, the date of the BOE decision provided below, and that the Request for Redetermination was received timely by my office. I also understand I must submit to the Tax Commission with this form all documents required under Tax Commission Rule R861-1A-9(2). *Please initial:* _____

Date of BOE decision	Original assessed value	Value determined by BOE
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