



# CASSIA COUNTY ASSESSOR'S OFFICE

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**NOTICE OF APPEAL**  
**Before the Board of Equalization**  
**Cassia County, Idaho DATE: \_\_\_\_\_**

Appellant's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Check One:** Appeal filed by:  An Individual  Husband & Wife  Partners  
 A Corporation  Trustee  Other

Appellant(s) will be represented by:  Himself  Themselves  
 Company Officer Name & Title: \_\_\_\_\_  
 Attorney Name & Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Legal Description: \_\_\_\_\_

Land \$ \_\_\_\_\_ Buildings \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Appraised Value: \_\_\_\_\_

- The Following are not grounds for appeal:**
- Your Taxes are too high.
  - Your Value changed too much in one year.
  - You cannot afford the taxes.

Appellant(s) opinion of the Market Value of the above described property is:  
Land \$ \_\_\_\_\_ Buildings \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Brief remarks setting forth grounds of this appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby affirm that the foregoing information is true and correct: I understand that I bear the burden of proof and I must provide evidence supporting my appeal, and that I am the owner [or owner's authorized agent] of the property described above.

Signature of Owner/agent \_\_\_\_\_ Date signed \_\_\_\_\_ Print Name \_\_\_\_\_

**This Form must be received by or postmarked no later than 5pm on the 4<sup>th</sup> Monday of June.**

**ACTION OF THE BOARD OF EQUALIZATION**

\_\_\_\_\_ Sustain the Assessor \_\_\_\_\_ Change the market value of subject property as follows:

Land \$ \_\_\_\_\_ Buildings \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

DATED: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Chairman)