



PROPERTY TAX CLASSIFICATION

TAX YEAR 2016 APPEAL FORM

RESIDENTIAL RECLASSIFICATION

Submit form to: Clerk of the Board of Supervisors
219 East Cherry Avenue
Flagstaff, AZ 86001-4695
(928) 679-7145

NOTE: Your **notarized signature** must be on this form attesting to the truthfulness of the information you have provided. See section 10 below.

1	Name:	Phone:	Email Address:	
	Mailing Address:		City:	State: Zip:
2	Complete the following for the property under appeal (property address and parcel number listed below) Complete a separate form for each property appeal.			
	Property address:		Parcel No. (APN)/Account No.:	
3	Appeal is based on (check one): Assessor Letter _____ Date of Letter: _____ Treasurer Letter _____ Date of Letter: _____		4	Who currently resides at the property?
Please check "yes" or "no" for each question regarding the property under appeal:				Yes No
5	Is this property currently rented?			
6	From January 1, 2014 through present, was this property rented?			
7	From January 1, 2014 through present, was this property marketed as a rental?			
8	Are there plans to rent the property during 2016?			
9	Does a qualifying family member currently occupy the residence (Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling)? If yes, please provide: Name of Occupant: _____ Relationship to Owner: _____ IMPORTANT: Appropriate documentation (as listed on Page 2) must provide proof of the person who is living in the property as stated here (the OCCUPANT's Driver's License, Utility Bill, etc.)			
Complete all 3 pages of this Appeal Form. This completed form must be received in the Office of the Clerk of the Board of Supervisors either 30 days from the date the Assessor mailed the <u>Notice of Reclassification of Residential Property</u> , or 30 days from the date the Treasurer mailed the <u>penalty notice</u> . Please attach any additional information or documentation to support your claim with your Appeal Form.				
10	Signature:		Date:	
	State of Arizona) County of Coconino)		Subscribed and sworn (or affirmed) before me this _____ day of _____, 2015.	
	(Seal)		Notary Public	
For Office Use Only: _____ Appeal Denied _____ Appeal Approved Board Mtg Date: _____				

Name:	Assessor's Parcel Number:
Property Address:	

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SUPPORTING DOCUMENTATION
To support your appeal, attach a copy of ONE of the documents showing the OCCUPANT at the address of the property under appeal:

- Voter Registration Card
- Driver's License
- Motor Vehicle Registration Paperwork

Supporting documents must provide proof of **who is living in the property** – the OCCUPANT – either you or the qualifying family member you noted in Box 9 on page 1.

- Copy of a portion of your last tax return showing your address (please do not send entire form – only address section)

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Complete the following chart for **each** month listed. Place a check mark (✓) to indicate whether the property was vacant, owner-occupied, or rented for the month. *For partial months, enter number of weeks.* If the property was rented to a qualifying family member*, include the relationship. If the property is currently rented to a qualifying family member*, attach a utility bill or other appropriate documentation for verification. **For the remaining months of 2015, indicate the intent for the property.** If the **intent** is rental, indicate whether the intent is to rent to a qualifying family member*.

Month	Number of weeks (if applicable)	Vacant	Owner-Occupied	Rental	If rented to a qualifying member*, list relationship.
January, 2014					
February, 2014					
March, 2014					
April, 2014					
May, 2014					
June, 2014					
July, 2014					
August, 2014					
September, 2014					
October, 2014					
November, 2014					
December, 2014					
January, 2015					
February, 2015					
March, 2015					
April, 2015					
May, 2015					
June, 2015					
July, 2015					
August, 2015					
September, 2015					
October, 2015					
November, 2015					
December, 2015					

*Pursuant to A.R.S. §42-12053, a qualifying family member is Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling.

Name:	Assessor's Parcel Number:
Property Address:	

Additional Information
Property Tax Classification Appeal Form

If notices regarding reclassification did NOT come to your current mailing address and you wish to change your official mailing address with the Assessor's Office, please complete the box below.

OFFICIAL CHANGE OF MAILING ADDRESS:

Name		
Street address		
City	State	Zip

Additional Information (Please include any additional information that you feel is relevant to your appeal).