

**PROPERTY ASSESSMENT APPEAL FORM**  
**POLK COUNTY BOARD OF EQUALIZATION**  
*(type or print legibly in ink)*

**TAXPAYER INFORMATION**

Taxpayer's Name: \_\_\_\_\_

Taxpayer's Mailing Address: \_\_\_\_\_  
(Street or Box Number, City, State and Zip Code)

Taxpayer's Telephone Number: \_\_\_\_\_

**PROPERTY INFORMATION**

Parcel Number of the Property: \_\_\_\_\_

Address of Property (if different than Mailing Address):

(Street or Box) \_\_\_\_\_  
(City, State, and Zip Code) \_\_\_\_\_

What is the Current Classification of the Property?

Agricultural                       Commercial  
 Residential                         Mixed Use

What is the Market Value set by the Assessor? \_\_\_\_\_

What is the Taxpayer's Proposed Market Value? \_\_\_\_\_

**REASON FOR APPEAL**

Please check the reason you believe the assessment is incorrect. *Check all that apply.*

**Valuation** (*The value placed on the property by the assessor is incorrect*)

**Discrimination** (*The property is assessed at a ratio greater than the average for the county*)

**Misgraded Agricultural Land** (*The property is not in the correct agricultural productivity grade*)

**Misclassification** – The proper classification of this property should be:  
 Residential     Commercial     Agricultural     Mixed Use

**Exemption** - The property should be exempt because it is being used for:  
 Religious Purposes     Educational Purposes     Charitable Purposes

**Other Basis for Appeal** (explain): \_\_\_\_\_

**You may attach any documentation you desire the Board to consider**

Taxpayer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POLK COUNTY BOARD OF EQUALIZATION**

**AGENT AUTHORIZATION FORM**

*(type or print legibly in ink)*

Authorization is hereby given for \_\_\_\_\_,  
to act on the owner(s) behalf as agent in the appeal of the assessment of the property or  
properties listed below, located in \_\_\_\_\_ County and owned by the undersigned. The  
agent is given full authority to handle all matters relative to the appeal of the assessment for the  
tax year and to represent the undersigned, with the assistance of legal counsel, if necessary,  
before the Board of Equalization.

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Property Parcel Number(s) <b>OR</b> Personal Property Account Number(s)	Property Address (Street Address, City)

*(Additional Properties may be listed on the back)*

Owner's Signature: \_\_\_\_\_

Print Owner's Name: \_\_\_\_\_

Date: \_\_\_\_\_