PETITION TO STATE BOARD OF ASSESSMENT APPEALS

1313 Sherman Street, Room 315 Phone: (303) 866-5880
Denver, Colorado 80203 Fax: (303) 866-4485

For Office Use Only

_____
Docket No.

Fee: Y N

_____
Check/Credit Card #

P F H

Date: _____

Property Owner: _____

Subject Property: _____
Street Address City

Schedule Number(s): _____
Attach separate sheet if necessary

Appeals the decision of the _____ County
☐ Board of Equalization
☐ Board of Commissioners
☐ State Property Tax Administrator

Dated:_____

This Appeal concerns: ☐ Valuation ☐ Refund/Abatement ☐ Exemption ☐ State Assessed **Tax Year:**_____

The subject property is currently classified as:

☐ Agricultural ☐ Commercial ☐ Exempt ☐ Industrial ☐ Mixed Use ☐ Natural Resources
☐ Oil & Gas ☐ Personal ☐ Possessory Interest ☐ Producing Mines ☐ Residential ☐ State Assessed
☐ Vacant Land

Actual Value assigned to subject property: _____ **Petitioner's estimate of value:** _____

Estimated time for Petitioner to present the appeal: _____ minutes or _____ hours.
Not less than 30 minutes. Board will allow equal time to County or Property Tax Administrator.

Appearance:

☐ Petitioner will be present at the hearing
☐ Petitioner will be represented by an agent
☐ Petitioner will be represented by an attorney

☐ Petitioner will appear by telephone
Petitioner is responsible for calling the Board at 303-866-5880 on the scheduled date and time of hearing (**Mountain Time Zone**)

☐ Petitioner would like to appear by video conference
Petitioner must contact the Board at 303-866-5880 at least 20 days in advance of the scheduled hearing to confirm availability of video conference equipment

If the property owner is an entity, it must appear under the representation of an attorney licensed in Colorado except as follows. A closely held entity may be represented by an officer of the entity as long as the amount in controversy does not exceed $10,000, exclusive of costs, interest or statutory penalties. A closely held entity can have no more than three owners. See Section 13-1-127, C.R.S. **A closely held entity that will be represented by an officer of the entity must provide a letter to the Board with this petition stating that it has no more than three owners and that the tax amount at issue does not exceed $10,000.** A trust filing a petition as of August 8, 2012 may be represented by a trustee, an attorney or an agent.

Filing Fee:

☐ None Petitioner is appearing pro se (self-represented) and **has not** filed more than two Petitions with the Board of Assessment Appeals during this fiscal year (July 1 – June 30).

☐ $ 33.75 Petitioner is appearing pro se (self-represented) and **has** filed more than two Petitions with the Board of Assessment Appeals during this fiscal year (July 1 – June 30).

☐ $101.25 Petitioner will be represented by an agent or by an attorney.

In the space below, please explain why you disagree with the value assigned to the subject property

_____

_____

_____

Required attachments to this form:

- ☐ Assessor's or Property Tax Administrator's Notice of Valuation or Notice of Denial
- ☐ Decision of County Board of Equalization, County Board of Commissioners or Property Tax Administrator

Attachments required under certain circumstances:

- ☐ A **notarized** Letter of Authorization **if** an agent will be representing Petitioner
- ☐ A list of names, last known addresses and telephone numbers of co-owners or parties directly interested in the subject property **if** applicable.

Certificate of Service

I hereby certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to:

_____ County

☐ Board of Equalization
☐ Board of Commissioners
☐ State Property Tax Administrator

at the following address: _____

on _____.
Date

I hereby certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to all co-owners or parties directly interested in the subject property

on _____.
Date

I hereby certify that **four (4)** true and correct copies of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed or hand delivered to the Board of Assessment Appeals at 1313 Sherman Street, Room

315, Denver, CO 80203 on _____.
Date

(One copy may be faxed to the Board but the original and two additional copies must be mailed or hand delivered.)

Petitioner's Mailing Address is Required Even if Petitioner is Represented by An Agent or Attorney (per C.R.S. 39-8-109)

_____	_____
Signature of Agent ☐ or Attorney ☐	Signature of Petitioner
_____	_____
Printed Name	Printed Name
_____	_____
Mailing Address	Mailing Address
_____	_____
City, State, Zip Code	City, State, Zip Code
Telephone:_____	Telephone:_____ Daytime number
E-Mail:_____	E-Mail:_____
Attorney Reg. No.:_____	**It is the Petitioner's responsibility to notify the BAA of any change of address.**

Petitioners are strongly encouraged to read the Instructions and Rules of the Board of Assessment Appeals prior to completing this Petition Form. The Instructions and Rules are available on the Web at www.dola.Colorado.gov/baa or may be requested by phone at 303-866-5880.