

# Property Assessment Appeal Form

## Callaway County Missouri County Board of Equalization

(Type or Print legibly in Ink)

### Taxpayer Information:

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

Taxpayer's Mailing Address: \_\_\_\_\_

(Street or Box #, City, State, and Zip code)

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

### Property Information:

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

Property Address: \_\_\_\_\_

(If same as mailing address write "same")

Current Classification of Property? (Mark appropriate Classification)

\_\_\_\_\_ Agricultural \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Mixed use

- What is the Market Value set by the Assessor? \_\_\_\_\_
- What is the Owner'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 Purpose

\_\_\_\_\_ **Other Basis for Appeal**

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You May attach any documentation you desire the Board to Consider

Taxpayer or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Callaway 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 Callaway 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 Callaway County Board of Equalization.

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

Owner's Mailing Address: \_\_\_\_\_  
*(Address, City, State, Zip)*

Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*(Additional Properties may be attached)*

Agent Name: \_\_\_\_\_

Agent's Firm: \_\_\_\_\_  
*(If applicable)*

Agent Address: \_\_\_\_\_  
*(Address, City, State, Zip)*

Agent Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

# Callaway County Missouri Board of Equalization

## Supplementary Data Sheet

(Type or Print Legibly in Ink)

**A. Owner:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Property Info:**

Parcel or Property Tax ID #: \_\_\_\_\_

Land area (acres/square feet) \_\_\_\_\_ Building area (sq. ft.) \_\_\_\_\_

Height in stories \_\_\_\_\_ Dimension of buildings \_\_\_\_\_

Number of outbuildings \_\_\_\_\_

Size, Construction, and Use of each building \_\_\_\_\_

\_\_\_\_\_

Use (Residential, Apartments, Retail, Office, etc.) \_\_\_\_\_

Purchase price of lot \$ \_\_\_\_\_ Year Purchased \_\_\_\_\_

Improvement cost \$ \_\_\_\_\_ Improvement done in Year \_\_\_\_\_

If purchased as improved property, purchase price \$ \_\_\_\_\_ Year \_\_\_\_\_

Cost and date of remodeling after purchase \$ \_\_\_\_\_

**C. Grounds for Relief:**

Please state briefly the specific grounds upon which a correction of the subject property's assessment is sought, e.g. overvaluation, discrimination, exemption, etc.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

