



# TANEY COUNTY BOARD OF EQUALIZATION



**ALL APPEALS TO THE BOARD OF EQUALIZATION MUST BE POSTMARKED BY OR RECEIVED IN THE CLERK'S OFFICE NO LATER THAN THE FIRST MONDAY IN JULY.**

Taxpayer/Property Owner(s):

**Step 1:** From April 1<sup>st</sup> through June 30<sup>th</sup> you may speak to the Assessor's office informally, before requesting a Board of Equalization appeal form. If you have not yet done so, please attempt to by contacting their office at (417)-546-7241. They may be able to reach an agreement with you immediately.

**Step 2:** If you cannot reach an agreement with the Assessor's Office, you will need to complete this appeal packet. Appeal forms must be typed or printed in black or blue ink and filled out entirely. A separate appeal form must be completed for each property by parcel number. After our office has received your appeal, you will be notified via mail, phone, or E-mail as to a date and time set for your hearing. The Board will generally allow 15 minutes to hear your appeal, but if you are appealing multiple properties/parcels and need additional time, please indicate estimate time on application. Once hearing date is set, hearing dates are not negotiable and no hearings will be scheduled after July 31<sup>st</sup>, Pursuant RSMo. 138.050; 138.100.

**\*IMPORTANT\***

**A separate appeal form (pg 2) must be completed for each property by parcel number. Please submit 2 copies of the appeal form(s) and 2 copies of your evidence. Agents/Taxpayers: for a large number of parcels please group like appeals; submit in the order they will be presented.**

Mail or fax appeal forms to:  
Taney County Clerk's Office  
Board of Equalization  
PO Box 156  
Forsyth, MO 65653  
FAX Number: (417)546-2519

At your hearing, you should present evidence to substantiate your request.

Examples are:

1. Recent copy of Sales Contract (3 years or less)
2. Recent copy of an Appraisal (3 years or less)
3. Name and address with verification of recent sales similar to your property.  
(May be obtained from a realtor, known as comparative market analysis)
4. Blueprint or outside measurements of your property.
5. List of or receipts from construction costs.
6. If appraised value is not equal to similar properties, name and address of those properties.
7. If commercial, any income, rental, lease, expense or sales information.

If you have any questions, or need to make special arrangements for the date and time of your appeal, feel free to contact the County Clerk's Office at (417)546-7249.



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## Property Assessment Appeal Form

TYPE OR PRINT *LEGIBLY* IN INK

**\*IMPORTANT\***

**Fill out a separate page 2 for each and every parcel you are requesting a hearing on.**  
**Nightly Rental Properties will need to also fill out a page 4 of the packet.**

Owner Name (as it appears on your tax bill): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**IF A TAXPAYER IS REPRESENTED BY AN AGENT, WRITTEN AUTHORIZATION MUST BE ATTACHED TO THE APPEAL – YOU WILL FIND THE AGENT AUTHORIZATION FORM ON PAGE 3 OF THIS PACKET**

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

Phone # - Work: Cell: Fax: \_\_\_\_\_

Mailing Address: City: State: Zip \_\_\_\_\_

Real Estate Parcel #: \_\_\_\_ - \_\_\_\_ . \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ . \_\_\_\_

**(The parcel number can be obtained from the assessor office at 417-546-7241)**

Property Address (if different from mailing): \_\_\_\_\_

Property type & use: \_\_\_\_\_

**Example: Residential; Nightly Rental; Condo (if condo is it in a nightly rental program), Commercial, Agriculture.**

Please check one of the following:  I will appear in person.  I will appear via teleconference.

**If appearing via teleconference, please give the number you wish the Board to call: \_\_\_\_\_**

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*)

\_\_\_ **Classification** (Residential; Agricultural; Commercial)

\_\_\_ **Exemption**

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

Opinion of market value as of January 1st: \_\_\_\_\_

**(The amount you would sell the property for)**

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Type of Sale (Arms length (*Normal Sale*), Foreclosure, Relative, Estate, Etc.): \_\_\_\_\_

Costs of any subsequent improvements: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

For Office Use Only – Date Received: BOE #:



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This form is only necessary if property owner is not presenting property themselves

## 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/attached, located in Taney County and owned by the undersigned. The agent is given full authority to handle all matters relative to 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 #: \_\_\_\_\_

Real Estate Parcel #'s	Property Address (Street address, City, State and Zip Code)

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

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

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



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## AFFIDAVIT OF USE FOR NIGHTLY RENTAL PROPERTIES

(House, Condo, or other properties)

TYPE OR PRINT *LEGIBLY* IN INK

I, the undersigned, hereby swear and affirm that my property, listed as parcel #

\_\_\_\_ - \_\_\_\_ . \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ . \_\_\_\_

and located at \_\_\_\_\_, \_\_\_\_\_, MO \_\_\_\_\_,

(Street Address) (City) (Zip Code)

is available for rent a total of \_\_\_\_\_ nights per year.

Total nights your property rented last year. \_\_\_\_\_

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

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

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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