

Submit form to:

Clerk of the Board of Supervisors
 301 W. Jefferson, 10th Floor
 Phoenix, AZ 85003
 (602) 506-3766



PROPERTY TAX CLASSIFICATION

PENALTY APPEAL FORM

RESIDENTIAL RECLASSIFICATION

Complete both pages of this Appeal Form. This completed form must be received by the Office of the Clerk of the Board of Supervisors within 30 days from the date the Treasurer mailed the Penalty Letter regarding the reclassification of your residential property. **Please attach the supporting documentation as required in Section 11 on page 2 on this form.**

1	Owner(s) 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 Number/Account Number:

3	Appeal is based on the Notice of PENALTY Letter regarding the reclassification of your residential property Date of Letter: _____	4	Who currently resides at the property?
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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 2015?		
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 Qualifying Family Member: _____ 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.)			

Your **NOTARIZED SIGNATURE** must be on this form attesting to the truthfulness of the information you have provided. A Notary Public is available at no cost in the Office of the Clerk of the Board (address at the top of this page). You must be present in order to have your document notarized.

10	Printed Name:	Signature:	Date
	State of Arizona) County of Maricopa) (Seal)	Subscribed and sworn (or affirmed) before me this ____ day of _____, 2015. _____ Notary Public	

