

2018 PROPERTY TAX CLASSIFICATION APPEAL FORM

RESIDENTIAL RECLASSIFICATION

Complete the following form for the property under appeal. Complete a separate form for each property appeal.

This completed form must be received by the Clerk of the Board of Supervisors by October 8, 2018.

Owner(s) Name:														
Phone:		E	Email:											
Property Address: (Street Number, City, Zip Code)							Parcel/Account Number:							
Mailing Address: (Street Number, City, State, Zip Code)							Who currently resides at the property?							
\square Check if you would like your mailing address updated with the Assessor's Office.														
Place a checkmark (√) to indicate whether the property was occupied by the property owner, occupied by a qualifying family member*, rented or vacant for each month listed. For the remaining months of 2018, indicate the intent for the property.														
For 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
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parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling. If you indicated the property is occupied by a qualifying family member, please provide the name and relationship of the qualified family member below:														
Name: Relationship to Owner:														
Note: A document from section 4 below must be submitted to show the property is occupied by a qualified family member.														
4 To support your appeal, attach a COPY or photo of ONE of the documents listed below:														
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			prope	rty add	ress und	er app	oeal <u>An</u>	<u>ND</u> maii	ıng addı	ess. U	tility bill	must		
□ Portion of your last Income Tax Return – Must show occupant's name and the property address under appeal (please														
5 I declare under penalty of perjury that the foregoing is true and correct.														
J. accial canada ponarty of porjary that the releganty to the and contour														
Owner's Printed Name:							Date	:						
Owner a digitature.														
Submit completed form with one su	upport					ion 4	to the	e Clerk	c of the	Boar	d's Of	fice:		
MAIL: Clerk of the Board	MAIL: Clerk of the Board EMAIL:							FAX: PHONE:						
301 W Jefferson, 10 th Floor Phoenix, AZ 85003									6					
	Phone: Property Address: (Street Number, City, Mailing Address: (Street Number, City, Check if you would like your mailing addrest family member*, rented or vacant for exproperty. For 2017 Occupied by property owner Occupied by qualifying family member* Rented Vacant For 2018 Occupied by property owner Occupied by qualifying family member* Rented Vacant *Pursuant to A.R.S. §42-12053, a qualifying family member aparent or ancestor of the owner's parent; step of the qualified family member below: Name: Note: A document from section 4 below recomply to the declare of the property address under	Phone: Property Address: (Street Number, City, Zip Comparison of the qualified family member and state of the qualified family member below: Name: Note: A document from section 4 below must be mailed to the property address under and not send entire form — only name and address. I declare under penalty of perjury that the MAIL: Clerk of the Board 301 W Jefferson, 10th Floor Mailing Address: (Street Number, City, Zip Comparison of the Qualifing address update). Mailing Address: (Street Number, City, State, City, S	Phone: Property Address: (Street Number, City, Zip Code) Mailing Address: (Street Number, City, State, Zip Code) Check if you would like your mailing address updated with property. Place a checkmark (¬) to indicate whether the property family member*, rented or vacant for each month lisproperty. 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For property. For 2017 Jan Feb Mar Occupied by property owner Occupied by qualifying family member* Rented Vacant For 2018 Jan Feb Mar Occupied by property owner Occupied by qualifying family member* Rented Vacant *Pursuant to A.R.S. §42-12053, a qualifying family member is the caparent or ancestor of the owner's parent; stepchild or stepparent; of the qualified family member below: Name: Re Note: A document from section 4 below must be submitted to To support your appeal, attach a COPY or photo of ONE of the property address under appeal. Portion of your last Income Tax Return – Must show occupant's name on the motor Vehicle Registration — Must show occupant's name. Portion of your last Income Tax Return – Must show occupant's name. Portion of your last Income Tax Return – Must show occupant's name. Portion of your last Income Tax Return – Must show occupant's name. Portion of your last Income Tax Return – Must show occupant's name. 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Portion of your last Income Tax Return	Phone: Email: Property Address: (Street Number, City, Zip Code) Mailing Address: (Street Number, City, State, Zip Code) Check if you would like your mailing address updated with the Assessor' Place a checkmark (*) to indicate whether the property was occu family member*, rented or vacant for each month listed. For the property. For 2017 Jan Feb Mar Apr Occupied by property owner Occupied by qualifying family member* Rented Vacant For 2018 Jan Feb Mar Apr Occupied by property owner Occupied by property owner Occupied by qualifying family member* Rented Vacant *Pursuant to A.R.S. §42-12053, a qualifying family member is the owner's parent or ancestor of the owner's parent; stepchild or stepparent; child-in-I If you indicated the property is occupied by a qualifying family of the qualified family member below: Name:	Phone: Email:	Phone: Email: Property Address: (Street Number, City, Zip Code) Mailling Address: (Street Number, City, State, Zip Code) Check if you would like your mailing address updated with the Assessor's Office. Place a checkmark (*) to indicate whether the property was occupied by the profamily member*, rented or vacant for each month listed. For the remaining mo property. For 2017 Jan Feb Mar Apr May Jun Occupied by property owner Occupied by property owner Occupied by qualifying family member* Rented Vacant For 2018 Jan Feb Mar Apr May Jun Occupied by qualifying family member is the owner's natural or adoption and the property of the qualified family member is the owner's natural or adoption and the qualified family member below: Name: Relationship to Owner Note: A document from section 4 below must be submitted to show the property is of the qualified family member below: To support your appeal, attach a COPY or photo of ONE of the documents list of the motor of your last income Tax Return – Must show occupant's name and the property address under appeal. Portion of your last income Tax Return – Must show occupant's name and the property address under appeal. Portion of your last income Tax Return – Must show occupant's name and the property address under appeal mailed to the property address under appeal. 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Place a checkmark (1) to indicate whether the property was occupied by the property family member', rented or vacant for each month listed. For the remaining months o property. For 2017 Jan Feb Mar Apr May Jun Jul Occupied by qualifying family member* Rented Vacant For 2018 Jan Feb Mar Apr May Jun Jul Occupied by qualifying family member* Rented Vacant For 2018 Cocupied by property owner Occupied by qualifying family member* Rented Vacant Pursuant to A.R.S. \$42-12053, a qualifying family member is the owner's natural or adopted chiparent or ancestor of the owner's parent; stemptild or stepparent; child-in-law or parent-in-law; or the qualified family member below: Name: Relationship to Owner: Note: A document from section 4 below must be submitted to show the property is occuping of the qualified family member below: Name: Relationship to Owner: Note: A document from section 4 below must be submitted to show the property address under appeal or of the qualified Registration — Must show occupant's name and the property address under appeal or of the qualified Registration — Must show occupant's name and the property address under appeal or or sendentife form—only name and address section, with social security number and date. Current Utility Bill — Must show occupant's name and the property address under appeal. Portion of your last Income Tax Return — Must show occupant's name and the property address under appeal. Portion of your last Income Tax Return — Must show occupant's name and the property address under appeal. Portion of your last Income Tax Return — Must show occupant's name and the property address under appeal. Owner's Printed Name: Date Owner's Signature: Submit completed form with one supporting document from section 4 to the MAIL: Clerk of the Board 301 W Jefferson, 10th Floor	Phone: Property Address: (Street Number, City, Zip Code)	Phone: Email:	Phone: Email:	Phone: Email:		