



2017 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 within 30 days from the date stated on the penalty notice.

1	Owner(s) Name:		
	Phone:		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?
<input type="checkbox"/> Check if you would like your mailing address updated with the Assessor's Office.			

2	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 2017, indicate the intent for the property.												
	For 2016	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	Occupied by property owner												
	Occupied by qualifying family member*												
	Rented												
	Vacant												
	For 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	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 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.

3	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:
	<input type="checkbox"/> Voter Registration Card – Must show occupant's name and the property address under appeal
	<input type="checkbox"/> Driver's License – Must show occupant's name and the property address under appeal
	<input type="checkbox"/> Motor Vehicle Registration – Must show occupant's name and the property address under appeal
	<input type="checkbox"/> Current Utility Bill – Must show occupant's name, property address under appeal <u>AND</u> mailing address. Utility bill must be mailed to the property address under appeal.
<input type="checkbox"/> Portion of your last Income Tax Return – Must show occupant's name and the property address under appeal (please do not send entire form – only name and address section, with social security number and date of birth marked out)	

5	I declare under penalty of perjury that the foregoing is true and correct.
	Owner's Printed Name: _____ Date: _____
	Owner's Signature: _____

6	Submit completed form with one supporting document from section 4 to the Clerk of the Board's Office:			
	MAIL: Clerk of the Board 301 W Jefferson, 10 th Floor Phoenix, AZ 85003	EMAIL: ClerkBoard@mail.maricopa.gov	FAX: (602) 506-6402	PHONE: (602) 506-3766