

7. Remodeled or improved since purchase? Yes No Cost: \$ _____

8. Has the property been appraised by other than the County Assessor? Yes No
 If yes, appraisal date: _____ By whom? _____
 Appraised value: \$ _____ Purpose of appraisal: _____

9. Most recent sales of comparable property (within the past 5 years):

	Description	Sales Price	Date of Sale
a.	_____	\$ _____	_____
b.	_____	\$ _____	_____
c.	_____	\$ _____	_____
d.	_____	\$ _____	_____

Information regarding sales of comparable properties may be obtained through personal research, local realtors, appraisers, or used equipment dealers.

10. If this petition concerns income property, you must attach a statement of income and expense for the past two years and copies of leases or rental agreements.

11. **Specific reasons why you believe the assessed valuation does not reflect the true and fair market value.**
 (The assessor is, by law, presumed to be correct. **You** must prove that the assessed valuation is not the true and fair market value, (RCW 84.40.030)). Assessments of other properties, the percentage of assessment increase, personal hardship, the amount of tax, and other matters unrelated to the market value are not valid reasons.

Attach any supporting documentation, such as maps, photographs, letters, appraisals and/or other documentary evidence to support your estimate of value.

12. Check **one** of the following statements that applies:

I intend to submit **additional** documentary evidence to the Board of Equalization and the assessor **no later** than seven business days prior to my scheduled hearing.

My petition is complete. I have provided all the documentary evidence that I intend to submit and I request a hearing before the Board of Equalization as soon as possible.

13. **I hereby certify I have read the above Petition and that it is true and correct to the best of my knowledge.**

_____ Date _____ Signature of Taxpayer or Agent

Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.

The person whose name appears as authorized agent has full authority to act on my behalf on all matters pertaining to this appeal.

_____ Date _____ Signature of Petitioner (Taxpayer)