

**OBJECTION TO REAL PROPERTY ASSESSMENT
SDCL 10-11-13 thru SDCL 10-11-42**

**USE A SEPARATE FORM FOR EACH LEGAL DESCRIPTION - IF BARE
AGRICULTURAL LAND, USE PT 17A**

COURTHOUSE USE ONLY
APPEAL NUMBERS
Local Board:
County Board:
Office of Hearing Examiners:

APPLICANT INFORMATION

ASSESSED IN NAME OF	EMAIL	PHONE NUMBER	COUNTY
MAILING ADDRESS	CITY	STATE	ZIP CODE
PROPERTY ADDRESS - if different than mailing address		PARCEL NUMBER	
LEGAL DESCRIPTION OF PROPERTY BEING APPEALED – include lot, block, addition, city or section, township, and range			

I AM APPEALING THE: ABSTRACT CLASS EXEMPT STATUS OWNER-OCCUPIED PROPERTY VALUE
STATUS

REASON(S) FOR APPEALING

IN MY OPINION, THE FULL AND TRUE VALUE OF SAID PROPERTY SHOULD BE:

\$ _____ TOTAL VALUE \$ _____ LAND VALUE \$ _____ BUILDING VALUE

By signing this document, I certify that I am authorized to sign and that the above information is true and correct.

SIGNATURE _____ DATE _____
TAXPAYER / TAXPAYER ATTORNEY

COMPLETED BY LOCAL BOARD OF EQUALIZATION – ACTION BY LOCAL BOARD OF EQUALIZATION

NO CHANGE TO ASSESSOR'S VALUE CHANGED CLASSIFICATION CHANGED VALUATION

ABSTRACT TYPE	ASSESSOR VALUE FROM	LOCAL BOARD TO	CLASSIFICATION FROM	CLASSIFICATION TO	ASSESSOR RECOMMENDED VALUE	ASSESSOR RECOMMENDED CLASSIFICATION
1.	\$	\$			\$	
2.	\$	\$			\$	
3.	\$	\$			\$	
4.	\$	\$			\$	
5.	\$	\$			\$	

JURISDICTION _____ CLERK SIGNATURE _____ DATE _____

COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION

I, _____ make the following recommendation for the current year on the above stated property:

ABSTRACT TYPE	ASSESSOR VALUE FROM	LOCAL BOARD TO	CLASSIFICATION FROM	CLASSIFICATION TO	ASSESSOR RECOMMENDED VALUE	ASSESSOR RECOMMENDED CLASSIFICATION
1.	\$	\$			\$	
2.	\$	\$			\$	
3.	\$	\$			\$	
4.	\$	\$			\$	
5.	\$	\$			\$	

DIRECTOR OF EQUALIZATION OFFICE SIGNATURE _____ DATE _____

COMPLETED BY COUNTY BOARD OF EQUALIZATION – FINAL VALUE BY COUNTY BOARD OF EQUALIZATION

ABSTRACT TYPE	TO	CLASSIFICATION FROM	CLASSIFICATION TO
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		

COUNTY AUDITOR SIGNATURE _____ DATE _____

- Original copy: OHE (if appealed to that body)
- First copy: retained by county (if appealed to county board)
- Second copy: to assessor (if appealed to county board)
- Third copy: to objector (after action by local board)