

CHRISTIAN COUNTY BOARD OF REVIEW REAL ESTATE ASSESSMENT COMPLAINT

Complete - Parcel # ____-____-____-____-____-____

Complaint is hereby made against the assessment of real property for the year **20**__ assessed in the name of:

Owner Name and Address of complaint property:

Address to send notice to if different than site address:

Complainant, who is a taxpayer of Christian County, or the owner or duly authorized agent of the owner of said proeprty, appeals this assessment of said proeprty at \$_____ based on the following:

RESIDENTIAL / COMMERCIAL

All evidence must be submitted within 30 day complaint deadline

- _____ Appraisal: Recent appraisal dated _____
- _____ Recent Sale: Include all sale information (sales contract, settlement statement, RESPA statement, etc.)
- _____ Comparable Sale: Include list and any relevant property details
- _____ Recent Construction: Include contractor's affidavit or summary of total cost with estimated non-compensated labor if applicable
- _____ Contention of Law: Submit legal brief and statutory reference(s) or case law

FARM

- _____ Farmland: Classification- Include acreage classification, soil survey map with soil types, and photographs of use
- _____ Productivity- Include acreage classification, soil survey map with soil types, and productivity index ratings
- _____ Flooding- Aerial map showing affected area, soil survey map with soil types, and a ten-year history of yield losses attributed to the flooding of the affected acreage (elevator receipts or other doumentation)

Parcel Number	Class	Print Date N/A				
Legal Description	YEAR	HOMESTIE/LOTS	FARM LAND	BUILDINGS	FARM BULDGS	TOTAL
	2017					
	2018					

Complaint's Estimated Correct Assessed Valuations:

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Reason for assessed valuation dispute:

Complainant respectfully requests the Board of Review to examine all evidence and facts to find a fair, equitable and uniform valuation of said property assessment

- Oral Hearing Requested - A hearing will Be Scheduled
- Rule On Evidence Provided With Option To Schedule Hearing After Preliminary Decision

Signed: _____
 Dated: _____

NOTE: Attach any evidence that supports your complaint.