

REQUEST FOR REVIEW OF MOBILE HOME ASSESSMENT

2016

A request for review or appeal of the assessed value of your property must be filed on or before Monday, March 7, **2016**. Late appeals will be accepted, but the timeliness of your filing will be taken into consideration.

Please fill out lines 1-8 and sign your name on line 9.

1	PARCEL OR KEY NUMBER:	79-
2	NAME OF DEEDED OWNER:	
3	LOCATION OF MOBILE HOME:	
4	OWNER MAILING ADDRESS:	
5	EMAIL ADDRESS (OPTIONAL):	
6	DAYTIME PHONE NUMBER:	
7	ASSESSOR'S 2016 VALUE	
8	PETITIONER'S VALUE:	
9	SIGNATURE OF OWNER:	

Now, please read these statements and check the appropriate boxes.

- I owned this property on January 15, **2016** and am legally obligated to pay the **2016** taxes.
- I am a tax representative, certified by the Indiana Department of Local Government Finance and have attached a power of attorney signed by the property owner.
- I have attached documentation to support my claim of value.

My reasons for requesting a change are:
