

# CITY OF UNALASKA

Office of the City Clerk, PO Box 610, Unalaska, AK 99685 (907) 581-1251

## ADMINISTRATIVE REVIEW AND APPEAL FORM

Appeal #

This form is to appeal the assessed valuation of real property. Complete items 1, 2 and 3. Retain a copy for your records and return the original to the City Clerk's office. Appeals must be received by the City Clerk no later than the date indicated on the Assessment Notice. The assessor will contact you regarding your appeal.

1. I appeal the assessed value of tax parcel # \_\_\_\_\_

Property address or legal description: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

2.

Assessed Value per Assessment Notice	Land	Buildings	Total
Owner's Estimate of Value			

Purchase Date: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Owner's reason for estimate of value (including inventory corrections, sales of comparable properties, and property income statements, if appropriate). The appellant bears the burden of proof. The only grounds for adjustment of assessment are proof of unequal, excessive, improper, or under-valuation based on facts that are stated in a valid written appeal or proven at the appeal hearing. All information that the appellant wants the Board to consider must be submitted with this appeal form. Attach additional pages and/or documentation if necessary.

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3. I hereby affirm that the foregoing information is true and correct and, that I have read, and I understand the guidelines above. I further affirm that I am the owner or owner’s authorized agent of the property described above.

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_  
(Name of Signer)  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_  
Commission expires \_\_\_\_\_

Note: Statements made by the petitioner herein will not be considered as evidence unless the petition is verified under oath.

4. ASSESSOR’S DECISION

Original assessment	Land	Buildings	Total
Assessment after review			

Assessor’s reason for decision:

Appeal #

5. Appellant's Response (check one):

☐ I ACCEPT the Assessor's decision in item 4 above and hereby withdraw my appeal

☐ I DO NOT ACCEPT the Assessor's decision and desire to have my appeal presented to the Board of Equalization.

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Delivered via ☐ Fax ☐ Email ☐ Mail ☐ In Person

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6. Board of Equalization Decision

Assessed value per Board of Equalization	Land	Buildings	Total
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\_\_\_\_\_  
Date received

\_\_\_\_\_  
BOE Date

\_\_\_\_\_  
Certified by (Chairman or Clerk of Board)

\_\_\_\_\_  
Date appellant notified