

# Local Board of Appeal & **Equalization Change Form**

## **Property Information**

Parcel ID	Owner name	Assessment year	Tax payable year

### **Recommended Change**

Recommended Change				PRESENT ASSESSMENT			
	Class	Hstd	DSB/				
Record	Code	Code	DAV	Land EMV	Imp EMV	New Imp EMV	Total EMV
Totals:							

#### RECOMMENDED ASSESSMENT

Record	Class Code	Hstd Code	DSB/ DAV	Land EMV	Imp EMV	New Imp EMV	Total EMV	Difference
Totals:			Totals:					

### **Reason for Change**

Inspection done? Date:	Yes	No		Owner notified? Date:	Yes	No				
CAMA updated?	Yes	No		Owner agrees?	Yes	No				
Certifications of Approval										
Created by			Sent to:		Date					
Appraisal Supervisor			Sent to:		Date					
County Assessor or Depu	ity County Asse	essor			Date					