

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

## **Property Information**

Parcel ID	Owner name	Assessment year	Tax payable year

### **Recommended Change**

Recom	mendeo	d Chang	е	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 A	pproval					
Created by			Sent to:		Date	
Appraisal Supervisor			Sent to:		Date	
County Assessor or Depu	ity County Asse	essor			Date	



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