



Application for Informal Review and Board of Appeal and Equalization Hearing

For property owners who wish to appeal their 2017 Estimated Market Value for taxes payable in 2018. In an appeal, the board has the authority to decrease, maintain, or increase the Assessor's estimated market value of a property.

Applications must be received by **Friday March 24, 2017**.

Internal Use

APPLICANT INFORMATION

Property Owner:
or Authorizing Agent

An authorizing agent, someone other than the owner acting as a representative of the property, must attach a [signed letter](#) from the owner stating they are authorized to appeal on their behalf.

Street Address:

City:

State:

Zip Code:

Daytime Phone:

E-mail Address:

PROPERTY INFORMATION

Property Address:

Property ID:

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Do you intend to appeal 4 or more properties?

Yes

No

2017 Estimated Market Value (For Taxes Payable 2018):

\$

Your estimate of fair market value:

\$

Purchase price of the property (if purchased in last 3 years):

\$

Date of Purchase:

Have you remodeled or improved property in the last 3 years?

Yes

No

Cost of Improvements:

\$

Description of Improvements:

Has the property been privately appraised in the last 3 years?

Yes

No

If yes, by whom?

Appraisal Date:

Appraised Value:

\$

Purpose of appraisal:

Specify why you believe the Assessor's value does not reflect the true and fair market value. The Assessor is presumed to be correct. Your task is to provide convincing evidence that the Assessor's value is not the true and fair market value. Assessments of other properties, percentage of assessment increase, personal hardship, amount of tax, and other matters unrelated to market value may not be relevant or sufficient evidence to prove market value.

Attach any supporting documentation. If you are appealing the assessed value of the property, your task is to show by clear and convincing evidence that the value established by the Assessor is incorrect. It is important to understand that the board is limited to determining the market value of the property under appeal. Therefore, any adjustment to the assessed value must be based on documentary evidence that relates to the fair market value of the property. Documentary evidence may include photos; written contractor estimates of the cost to repair building or land defects; letters or documents from government agencies or other experts describing development limitations of the property (zoning restrictions, denial of building permit, etc.); deeds describing easement limitations; appraisal documents; map showing proximity to neighborhood nuisances or high-traffic areas; and listings of comparable property sales.

RENTAL/INCOME PROPERTY REQUIREMENTS (Skip this section if owner occupied)

Current Monthly Rent: \$

Utilities included in monthly rent: Gas
 Water/Garbage
 Electric

If this is a rental property you must attach:

- Statement of income and expenses for the past 2 years
- Copy of lease or rental agreement
- Rent roll near the valuation date.

Send completed application with attachments to marketvalueappeal@minneapolismn.gov, or:

Minneapolis City Clerk
Board of Appeal & Equalization
350 S. 5th Street, Room 304
Minneapolis, MN 55415

If I do not come to a concurrence with the City Assessor during the informal review process; I wish to make a personal appearance before the board. Yes No

If you choose to appear, hearing information will be sent to you. If you choose not to, the board will make a decision based on your written evidence.

I hereby certify I have read this application and that it is true and correct to the best of my knowledge.

Warning: "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which he knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000, or both." Sec. 609.41 Minnesota Statutes, 1963

Please type your name into the signature line, this will satisfy the requirements for a legal signature.

Signature:

Date:

Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llame 612-673-2700
Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500
Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800