2020
WATAUGA COUNTY BOARD OF EQUALIZATION AND REVIEW
APPLICATION FOR EQUALIZATION HEARING

Parcel Number: _____ Acreage:_____

Property Owner: _____ Phone: _____

Property Address: _____Email:_____

Assessed Value: Land $_____ Building: $ _____Total $_____

Applicant's complaint: _____

_____

_____

Opinion of Market Value: Land $_____ Building $_____ Total $_____

Has the property been appraised, listed for sale, or purchased within the last two years? **If yes,**

Purpose for appraisal:_____ List Price: _____ Purchase Price_____
Date of appraisal:_____ Listing Period:_____ Date of Purchase_____
Appraised value: _____ Name of Broker/Agent:_____
Please attach copies of Appraisal.

Please Check One:

_____The applicant (or one representing) will be attending a scheduled hearing.

_____The applicant will not be attending a scheduled hearing, but wishes his appeal to be heard with Watauga County representing him.

The information I have supplied above is true to the best of my knowledge and belief.

Signed: _____ Date: _____

Fair Market Value: The price which a property will bring when it is offered for sale by one who desires, but is not obliged, to sell it, and is bought by one who is under no necessity of having it.

Please fill out a separate application for each property appealed. Attach any supporting documentation such as photos, independent appraisals, etc. This will assist the property owner in representing their case, and the Board of Equalization and Review in making a decision.