



Before the Utah State Tax Commission
Request for Redetermination of County Board of Equalization Decision

TC-194
Rev. 1/17

Owner/Taxpayer Information		Representative Information*	
Owner/Taxpayer		Representative name	
Mailing address		Mailing address	
Daytime phone number	Fax number	Daytime phone number	Fax number
Email address		Email address	
<input type="checkbox"/> If applicable, I authorize the person at right as my representative to discuss and share information concerning this appeal with the Utah State Tax Commission.		<i>*The representative may complete, sign and submit this form to the County Auditor if he or she has Power of Attorney (POA) on file with the county. The POA must be submitted to the Tax Commission prior to the mediation or hearing.</i>	

If you need help with this form, contact the Tax Commission, Appeals Unit at 801-297-3900

Property Information

NOTE: You may use a single form for multiple parcels only if they share the same ownership and are related parcels. If more than one parcel, you must list all parcel numbers on this form.

Parcel number: _____ Tax assessment year: _____ County: _____

Location or address of property: _____

Property Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Duplex or triplex | <input type="checkbox"/> Secondary residence (e.g. cabin) |
| <input type="checkbox"/> Apartment building (four or more units) | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Vacant land residential | <input type="checkbox"/> Vacant land commercial/industrial | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Personal property | <input type="checkbox"/> Greenbelt | |

Primary reason for appeal: Valuation Equalization to comparable properties Eligibility for exemption Misclassification

If you are contesting the assessed value of the property, state your **estimate** of value: _____

NOTE: If contesting the County Board of Equalization's determination of fair market value, you must provide information to establish the fair market value of your property on January 1 of the year you are appealing.

Requirements & Signature - Check all boxes and sign

- I understand I must complete this form and file it with the **County Auditor** within 30 days after the date of the Board of Equalization decision.
- I understand my appeal may be set for mediation and I will have the option to participate in mediation or proceed to a hearing. _____ Check here if you may want to participate is those proceedings by telephone.
- I understand if I proceed to a hearing I must provide information supporting my position to the county and to the Utah State Tax Commission Appeals Unit **10 business days before the scheduled hearing** and that notice of the scheduled hearing date with addresses for the county and the Appeals Unit will be mailed to me. **I further understand if my information is not provided as directed, my information might not be accepted at the hearing.**

Owner/Taxpayer name (print)	Signature X	Date
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Below this line to be completed by the County Auditor

By submitting this form to the Tax Commission, I certify the County Board of Equalization (BOE) heard the owner/taxpayer's appeal, the date of the BOE decision provided below, and that the Request for Reconsideration was timely received in my office. I understand all documents required under Tax Commission Administrative Rule R861-1A-9(2) must be submitted to the Tax Commission with this form. *Please initial:* _____

Date of BOE decision	Original assessed value	Value determined by BOE	Original taxes due
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