



Before the Utah State Tax Commission  
**Request for Redetermination of the County Board of Equalization Decision**  
 Filed by County Assessor

TC-194B  
11/13

**Petitioner Information**

**County**

County Assessor's name

Mailing address

Daytime phone number

Fax number

Email address

**Ex Rel Parties Information**

**Owner/Taxpayer**

Owner/Taxpayer name

Mailing address

Daytime phone number

Fax number

Email address

**Property Information**

Note: You may use a single form for multiple parcels if they share the same ownership and are related parcels or involve related issues.

Parcel number(s): \_\_\_\_\_ Tax assessment year: \_\_\_\_\_

Location or address of property: \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

**Property Type:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Primary residence (single unit)         | <input type="checkbox"/> Primary residence (2-3 units)     | <input type="checkbox"/> Secondary residence    |
| <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/Greenbelt |
| <input type="checkbox"/> Personal property (specify): _____      |  |   |

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 the property on January 1 of the year you are appealing.

**Read Requirements 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 and I must provide a copy of this form to the owner/taxpayer which is the ex rel party.
- 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 in those proceedings by telephone.
- I understand if I proceed to a hearing I must provide information supporting my position to the opposing party 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

Name (print)	Signature X	Date
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**Below is 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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