BANNOCK COUNTY
Assessed Value Appeal Form

A copy of the Assessment Notice *must* accompany this application.

THIS FORM MUST BE RECEIVED ON OR BEFORE 5:00 P.M. ON THE DATE INDICATED ON THE ASSESSMENT NOTICE

QUESTIONS?
CONTACT: Bannock County Assessor's Office (Refer to your Assessment Notice for Contact Information)

MAIL, FAX OR DELIVER COMPLETED FORM TO: Bannock County Commissioners' Office (208) 236-7211
624 E. Center Room 214 Pocatello, ID 83201 Fax: (208) 236-7363

APPELLANT INFORMATION

Appellant is: ☐ An Individual ☐ Partnership ☐ Corporation ☐ Trustee ☐ Other _____

Owner's Name _____ Owner's Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Who will represent the Appellant before the Board of Equalization: ☐ Yourself ☐ Other _____

Name _____ Contact's Phone _____
(if different from owner) *(if different from owner)*

Mailing Address _____ City _____ State _____ Zip _____
(if different from owner)

PROPERTY INFORMATION

Parcel # (one parcel per form) | | | | | | | | | | | |

Property Address/Legal Description _____

Property's total purchase price $_____ Date property was purchased ___/___/___
Mo/Day/Yr

Assessor's appraised market value: $_____

Taxpayer's opinion of market value: $_____

Factual or legal reason for this appeal *(use additional pages, if necessary)* _____

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_____ Date ___/___/___
Signature of property owner (or designated representative) *Mo/Day/Yr*