

# PETITION TO STATE BOARD OF ASSESSMENT APPEALS

1313 Sherman Street, Room 315  
Denver, Colorado 80203

Phone: (303) 866-5880  
Fax: (303) 866-4485

For Office Use Only

Docket No. \_\_\_\_\_

Fee: Y N

Check/Credit Card # \_\_\_\_\_

P F H

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Subject Property: \_\_\_\_\_  
Street Address City

Schedule Number(s): \_\_\_\_\_  
Attach separate sheet if necessary

Appeals the decision of the \_\_\_\_\_  
County  Board of Equalization  
 Board of Commissioners  
 State Property Tax Administrator

Dated: \_\_\_\_\_

This Appeal concerns:  Valuation  Refund/Abatement  Exemption  State Assessed Tax Year: \_\_\_\_\_

### The subject property is currently classified as:

- Agricultural  Commercial  Exempt  Industrial  Mixed Use  Natural Resources
- Oil & Gas  Personal  Possessory  Producing  Residential  State Assessed
- Vacant Land  Interest  Mines

Actual Value assigned to subject property: \_\_\_\_\_ Petitioner's estimate of value: \_\_\_\_\_

Estimated time for Petitioner to present the appeal: \_\_\_\_\_ minutes or \_\_\_\_\_ hours.  
Not less than 30 minutes. Board will allow equal time to County or Property Tax Administrator.

### Appearance:

- Petitioner will be present at the hearing  Petitioner will appear by telephone
- Petitioner will be represented by an agent Petitioner is responsible for calling the Board at 303-866-5880
- Petitioner will be represented by an attorney on the scheduled date and time of hearing (Mountain Time Zone)

All **entities** must appear under the representation of an attorney licensed in Colorado. Closely held entities, however, require no attorney if they are represented by an officer of the entity as long as the amount in controversy does not exceed \$10,000, exclusive of costs, interest or statutory penalties. A closely held entity can have no more than three owners. A trust need not be represented by an attorney as it is not an entity.

### Filing Fee:

- None Petitioner is appearing pro se (self-represented) and **has not** filed more than two Petitions with the Board of Assessment Appeals during this fiscal year (July 1 – June 30).
- \$ 33.75 Petitioner is appearing pro se (self-represented) and **has** filed more than two Petitions with the Board of Assessment Appeals during this fiscal year (July 1 – June 30).
- \$101.25 Petitioner will be represented by an agent or by an attorney.

In the space below, please explain why you disagree with the value assigned to the subject property

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**Required attachments to this form:**

- Assessor's or Property Tax Administrator's Notice of Valuation or Notice of Denial
- Decision of County Board of Equalization, County Board of Commissioners or Property Tax Administrator

**Attachments required under certain circumstances:**

- A **notarized** Letter of Authorization **if** an agent will be representing Petitioner
- A list of names, last known addresses and telephone numbers of co-owners or parties directly interested in the subject property **if** applicable.

**Certificate of Service**

I hereby certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to:

\_\_\_\_\_ County  Board of Equalization  
 Board of Commissioners  
 State Property Tax Administrator

at the following address: \_\_\_\_\_

on \_\_\_\_\_  
Date

I hereby certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to all co-owners or parties directly interested in the subject property

on \_\_\_\_\_  
Date

I hereby certify that **four (4)** true and correct copies of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed or hand delivered to the Board of Assessment Appeals at 1313 Sherman Street, Room 315, Denver, CO 80203 on \_\_\_\_\_  
Date

(One copy may be faxed to the Board but the original and two additional copies must be mailed or hand delivered.)

**Petitioner's Mailing Address is Required Even if Petitioner is Represented by An Agent or Attorney (per C.R.S. 39-8-109)**

\_\_\_\_\_  
Signature of Agent \_\_\_ or Attorney \_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Daytime number

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Attorney Reg. No.: \_\_\_\_\_

**It is the Petitioner's responsibility to notify the BAA of any change of address.**

Petitioners are strongly encouraged to read the Instructions and Rules of the Board of Assessment Appeals prior to completing this Petition Form. The Instructions and Rules are available on the Web at [www.dola.Colorado.gov/baa](http://www.dola.Colorado.gov/baa) or may be requested by phone at 303-866-5880.