

**OBJECTION TO REAL PROPERTY ASSESSMENT
(SDCL 10-11-13 thru SDCL 10-11-42)**

COUNTY OF _____

APPEAL NUMBERS:
Off. of Hearing Exam. _____

TO BE COMPLETED BY PROPERTY OWNER:
Assessed in name of: _____
Mailing address: _____

County Brd of Equal _____

Phone No. _____

Local Brd of Equal _____

Legal description of property being appealed (Include lot, block, addition and city or section, township and range): _____

(USE SEPARATE FORM FOR EACH LEGAL DESCRIPTION - IF BARE AGRICULTURAL LAND - MAY USE PT 17A)

Parcel Number: _____
I am appealing the _____ property value _____ abstract class
_____ exempt status _____ owner-occupied status

Reason(s) for appealing: _____

I believe the correct full and true value of said property on legal assessment date was:

\$ _____ (total value) \$ _____ land value \$ _____ building value
OATH: I do solemnly swear that all statements made herein are to the best of my knowledge, true and correct.

Date _____ Signature _____
(Taxpayer/Taxpayer Attorney)

TO BE COMPLETED BY LOCAL BOARD OF EQUALIZATION - ACTION BY LOCAL BOARD OF EQUALIZATION:

No Change to Assessor's Value _____ Changed Classification _____ Changed Valuation _____

	Assessors Value		Local Board		Classification	
	From	To	To	From	To	To
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____
	Signature _____	_____	Jurisdiction _____	_____	_____	_____

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION

I, _____ make the following recommendation for the current year on the above stated property:

	Assessors Value		Local Board		Classif.		Assessor's Recommend.	
	From	To	To	From	To	Value	Classif	
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
Abstract Type _____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
	Signature _____	_____	_____	_____	_____	_____	_____	

**TO BE COMPLETED BY COUNTY BOARD OF EQUALIZATION
FINAL VALUE BY COUNTY BOARD OF EQUALIZATION:**

	To	Classification	
		From	To
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____

Signature _____
County Auditor

PT 17 (5/98)

Original: OHE (if appealed to that body)

Second copy: to assessor (if appealed to county board)

First copy: retained by county (if appealed to county board)

Third copy: to objector (after action by local board)