Property Assessment Appeal Board

Notice to Participate in Hearing in Person, by Telephone, or by Video

Docket No. _____ Parcel No. _____

Instructions

- Use this form to change how you and/or your witnesses participate in the PAAB hearing.
- You must file this form with PAAB and serve a copy to the opposing party.
- This form should be filed at least one business day before the hearing.

Section 1	— Aı	peal	Inform	ation
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Appellant		Appellee			
Sche	duled Hearing D	ate/Time:			
Secti	on 2 – Hearing	Participat	ion Options		
			Hoover State Office	•	Floor, 1305 E. Walnut, Des
	Telephone: Call the hearing. PAA			N: 287 996 573 # ¹	when prompted on the date/time of
1	the date/time of	the hearing AB to let y	g. Make sure your or our ou	camera and micr	eet.google.com/kch-qvpe-gui on ophone are working, then click <i>join</i> em requirements on PAAB's
lmp	ortant: You mu	st give all v	-		ry information to participate in the
Αŗ	opellant Ap	opellee	Participation Me	ethod	
No.	Part	y Represe	ntative or Witness	Name	Participation Method
1.					
2.					
3.					
4.					
Filer I	Name:	· · · · · · · · · · · · · · · · · · ·		Date:	
Copy sent to:		By:			
			AAB, PO Box 10486	, Des Moines, IA 5	0306

Phone: 515-725-0338 Email: paab@iowa.gov