

PROPERTY ASSESSMENT APPEAL BOARD
PO Box 10486
Des Moines, IA 50306
Phone Number (515) 725-0338
paab@iowa.gov

APPEAL FROM BOARD OF REVIEW ACTION

Appellant(s) Name (Please print)	APPEAL Docket No. _____ (To be assigned)
Mailing Address	
City, State, Zip	
Daytime Telephone Number (Include Area Code)	
Email Address	

Parcel Number: _____ Board of Review (City or County): _____

Property Address: _____
Street Address, City, State

Property Classification: _____

Appeal Grounds

The only ground(s) available on appeal are those raised before the local board of review. No new grounds may be raised, but new evidence to support claims made to the board of review may be provided. Iowa Code § 441.37A(1)(b).

Please enter a short and plain statement of the claim for this appeal and the relief sought.

Current assessed value: (from local board of review action)¹

Total \$ _____ Land _____ Buildings \$ _____

The value you contend is the correct assessed value (if applicable):

Total \$ _____ Land \$ _____ Buildings \$ _____

Please check the appropriate box:

I want a hearing: Yes No²

I want to participate in the hearing by telephone: [] Yes

¹ If the subject property is classified commercial or industrial and is assessed for more than \$2 million, the parties to the appeal are required to enter into a Hearing Scheduling & Discovery Plan.

² By selecting No, PAAB will consider your appeal based on information submitted to this Board by the parties.

If you are going to have someone represent you at the hearing, please list your legal representative's or attorney's information. Please note that all future correspondence from PAAB will be sent to your designated representative or attorney.

- Legal Representative – other than an attorney (may include tax rep.; family member; or other person)
- Attorney

Name & Firm (if applicable)

Mailing Address, City, State, Zip

Telephone Number

Email Address

Note: New information supporting your claim(s) may be provided at a later date.

PAAB will send a copy of this APPEAL form to the local board of review.

It is your responsibility to ensure copies of any additional filings made with PAAB are served upon the local board of review or its legal representative.

The local board of review will also provide you with copies of any information it submits to PAAB.

By filing this APPEAL form, you acknowledge you have read and agree to comply with PAAB's Administrative Rules, available on our website at <http://paab.iowa.gov/>.

Name (print): _____

Signature: _____

Name (print): _____

Signature: _____

Date: _____

This form must be filed with PAAB within twenty (20) calendar days of the board of review adjournment date or May 31, whichever is later.

PAAB is an independent state agency and hears appeals from all 99 counties and 8 cities in Iowa. PAAB has no affiliation with your local board of review, assessor's office, or county attorney's office.

FOR PAAB USE ONLY		
Filed by:		
Webform	Scanned date	Entered date
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Mail		
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