BOARD OF REVIEW
INITIAL RECORD CERTIFICATION

PAAB Docket No. _____

Parcel No. _____

_____

Appellant,

vs.

_____

Appellee.

I, _____, a member or designee of the Board of Review, certify the attached documents are a correct and complete copy of the Initial Board of Review protest record, as required by Iowa Administrative Rule 701-71.21(10), in the above-captioned appeal containing:

- the original assessment notice (if any);
- the petition to the board of review; and
- a copy of the board of review's letter of disposition.

The Board of Review acknowledges that at least 21 days prior to the contested case hearing in the above-captioned appeal, it must submit the Full Record Certification including the complete property record card for the subject property, the protest hearing minutes of the board of review, and any information provided to or considered by the local board of review as part of the protest. The Board of Review certifies the same shall be sent to the opposing party.

(Note: New information for the written consideration or hearing before PAAB may be submitted at a later date and should not be submitted as part of the Certification. If new evidence is submitted, please clearly identify it as new evidence.)

The undersigned further certifies, as required by Iowa Code § 441.37A(1) (2015) and Iowa Code § 441.38A, a copy of the APPEAL OF BOARD OF REVIEW ACTION filed with the Secretary of the Property Assessment Appeal Board was sent to each affected taxing district as shown on the last available tax list on (date)_____.

The attorney designated to represent the Board of Review is

_____ _____
Name Firm

_____
Mailing Address

_____ _____
Phone Email Address

If the attorney designated to represent the Board of Review is not with the city or county attorney's office, please fill out the following information.

The Board of Review is hereby authorized to be represented by outside counsel. This authorization has been obtained pursuant to Iowa Code sections 441.41 and 441.2.

_____
City or County Attorney Signature

_____
Conference Board Signature

Please note that all future correspondence from PAAB will be sent to the designated representative or attorney.

_____
Local Board of Review Member (Please print)

_____
Signature of Local Board of Review Member

Only 1 copy of this form and the attached documents must be filed with PAAB within 21 days and sent to the opposing party.

Property Assessment Appeal Board
PO Box 10486 – Des Moines, IA 50306
(515) 725-0338
paab@iowa.gov