

REQUEST TO RECONVENE THE GRANT COUNTY BOARD OF APPEALS/EQUALIZATION AND AFFIDAVIT OF NON-RECEIPT

{WAC 458-14-127 (1)(a)}

Parcel No. _____ Assessment Year _____ for Tax Year _____

I hereby request that the Board of Equalization reconvene to hear my appeal. I am the taxpayer of record and swear, under penalty of perjury, that I was unable to file an appeal in a timely manner because I did not receive the Assessor's Valuation Change Notice at least fifteen calendar days prior to the deadline for filing a petition, and can show proof that the value was actually changed. If the taxpayer is a corporation, company, partnership, etc., this form must be signed by an authorized officer/owner who attests that no one within the organization received the Assessor's Value Change Notice within the timeframe described above. **Your signature below must be notarized.** The value was changed as follows:

	Previous Value	New Value
Land	_____	_____
Improvement	_____	_____
TOTAL	_____	_____

Name of Property Owner (Print)	Telephone
Address	
City, State, Zip	

Signature _____
Date

Subscribed and sworn to me this _____ *day of* _____, _____

Notary Public *My commission expires on:*

Residing at

NOTE: This form must be filed by April 30th of the tax year

35 C St. NW PO Box 37
Ephrata, WA 98823
509-754-2011 ext. 331

All BOE forms available in alternate format upon request