



Address 1110 Capitol Way South, Suite 307 (P.O. Box 40915) Olympia, WA 98504-0915  
 Main (360) 753-5446 | Toll-Free (844) 880-8794 | Fax (360) 586-9020  
 Email [bla@bla.wa.gov](mailto:bla@bla.wa.gov) | Website [bla.wa.gov](http://bla.wa.gov)

For WSBTA Use Docket Number

## Property Tax Appeal

Informal (This appeal is governed by the rules published in WAC 456-10)

Use this form to appeal property valuations, county Board of Equalization administered; exemptions, open space and timber/forestland designations and taxes.

**Please note that in accordance to RCW 84.08.130, we are only able to accept appeals postmarked or sent within 30 days from the date of mailing of the County Board of Equalization Order.**

**\*\*\* You must attach a copy of the Board of Equalization order that is being appealed\*\*\***

### Section 1- Decision or Order

County* Choose an item.	Petition Number*
Assessment Year*	Payable in (the next year)*

### Section 2- Property Information- One form must be filed for each parcel

Parcel Number*
Property Address
<b>Type of Appeal</b> <input type="checkbox"/> Residential House/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Open Space <input type="checkbox"/> Other _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Exemption <input type="checkbox"/> Apt/Condo Complex <input type="checkbox"/> Personal Property <input type="checkbox"/> Timber/Forestland

If applicable, please fill out the following values:

Value Set by the County Board		Appellant's Estimate of Value	
Land	\$ _____	Land	\$ _____
Improvements/Buildings	\$ _____	Improvements/Buildings	\$ _____
Personal Property	\$ _____	Personal Property	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

\*Required Field

**Section 3 Appellant Information**

<b>Appellant Name*</b>	<b>Appellant Daytime or Message Telephone Number*</b>		
<b>Mailing Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b> (By providing an e-mail, you agree to receive all WSBTA correspondence by e-mail)	<b>Appellant Signature*</b>		

**Section 4 Representative Information** (if none, leave blank)

If representation has been elected, you must attach a copy of authorization indicating that the authorized agent has full authority to act on the behalf of the **property owner** on all matters that pertain to this appeal.

By signing below you certify that you have reviewed this appeal and verify that is well-grounded in fact and complies with RPC 3.1 and CR 11.

<b>Representative Name</b>	<b>Firm/Company Name</b>		
<b>Bar Number/ State</b> (if applicable)	<b>Representative Daytime or Message Telephone Number*</b>		
<b>Representative Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b> (By providing an e-mail, you agree to receive all WSBTA correspondence by e-mail)	<b>Representative Signature*</b>		

**Section 5 Issue Statement**

Please explain why you believe your estimate of value is correct (use attachment if necessary):

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**Section 6 FOR ASSESSOR USE ONLY-- Please Provide Name and Address of Taxpayer**

<b>Taxpayer Name*</b>	<b>Representative (if know)</b>		
<b>Taxpayer Mailing Address*</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Taxpayer Daytime or Message Telephone Number*</b>	<b>Email Address (If known)</b>		

\*Required Field



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## Property Tax Instructions and Additional Information

### Submit Your Appeal

Send this completed form along with a **copy** of the County Board of Equalization order you are appealing to the Board by one of the methods below. **Do not send evidence at this time.**

U.S. Mail	P.O. Box 40915 Olympia WA 98504-0915	Fax	(360) 586-9020
Delivery	1110 Capitol Way South Suite 307 Olympia WA 98504	Email	<a href="mailto:bta@bta.wa.gov">bta@bta.wa.gov</a>

### WSBTA Electronic Filing Policy:

Electronic files received prior to 5 p.m. on a business day are deemed received on that day. Electronic files received after 5 p.m. or on a weekend or state holiday are deemed received the next business day. The time of receipt of an electronically filed documents is the time shown by the Board's electronic mail system or E-filing system.

The WSBTA will send a copy of your appeal and the County Board of Equalization Order to the other party.

### Public Disclosure Notice:

Under the provisions of RCW Chapter 42.17 and WAC Chapter 456-12, information and materials submitted to the Board are considered public records and are available for public inspection and copying.

### What's Next-- Informal Appeals:

The WSBTA will mail or email you a letter acknowledging receipt of your appeal. The letter will include a prehearing order identifying the dates for submitting your evidence and briefing.

You must follow the terms of the prehearing order.

The letter will also include your docket number. You must include this docket number on all correspondence and materials submitted to the Board for this case.

**If you have provided an email address, you will receive all correspondence by email.** Please ensure [bta@bta.wa.gov](mailto:bta@bta.wa.gov) is a permitted address in your spam filters.

### Accommodations:

If you require a translator or an accommodation under the Americans with Disabilities Act, a form will be provided at the time of scheduling that you may fill out and send back to the Board.

**Questions?**

If you have questions concerning this form, or would like to request this form in an alternate format, contact the Board.

For more information, visit our web site at <http://bta.wa.gov>