

Assessor's Review Form

Appeal # PA25-06

Property ID # Will Bouley

1) Assessor's Decision Land Improvements Total

From \$ _____ \$ _____ \$ _____

To \$ _____ \$ _____ \$ _____

Assessor's reason for decision:

THIS IS A NON-RESPONSIVE APPEAL: NO DOCUMENTATION
WAS SUBMITTED.
APPELLANT SHOULD BE CONTACTED BY MUNICIPAL STAFF
AND INFORMATION REQUESTED.
RECOMMEND DENIAL OF APPEAL.

23 DECEMBER 2025 A. Erickson 20 MAY 2025
Date received Decision made by Date Approved by Date Date mailed

2) Appellant Notified by _____
Mail Telephone In person Date notified

_____ I ACCEPT the Assessor's decision in Block 1 above and hereby withdraw my appeal.

_____ I DO NOT ACCEPT the Assessor's decision and desire to have my appeal presented to the Board
of Equalization

by A. Erickson for appellant 20 MAY 2025 A. ERICKSON-CONTRACT
Signature of owner or authorized agent Date signed Print name
ASSESSOR'S OFFICE

3) Board of Equalization Decision

Land \$ _____ Improvements \$ _____ Total \$ _____

_____ Date received _____ Date heard _____ Certified (Chairman or Clerk of Board) _____ Date _____ Date Mailed _____