



28 29 09

City of Dillingham

Property Assessment Appeal Form

This appeal must be returned or postmarked no later than the date indicated on the Assessment Notice.

Drop off at City Hall, or mail to City Clerk, PO Box 889, Dillingham AK 99576 or email at cityclerk@dillinghamak.us.

Attach a copy of the Property Assessment Return.

I appeal the assessed value for the property identified below:

Acct No. 102898

Property Owner Alvin D. Heyano and Karen L. Shelden

Mailing Address for all correspondence relating to this appeal:

Street Address or PO Box P.O. Box 948

City Dillingham State Alaska Zip 99576

Contact Phone Number (907) 843-0770 Email Address dean_heyano@hotmail.com

1. Why are you appealing your value? Check ONE and provide a detailed explanation below:

- ☒ My property value is excessive. (Overvalued)
- ☐ My assessed value is unequal to similar property.
- ☐ My property value was valued improperly. (Incorrectly)
- ☐ My property has been undervalued.

2. You must provide specific reasons and provide information supporting the item checked above:

The assessment notice shows an increase of \$30,600, but there have been no improvements made.

Assessor Value from Notice	\$	
Owners Estimate of Value	\$	
Purchase Price of Property	Price	Purchase Date

3. **THE FOLLOWING INFORMATION WILL HELP SUPPORT YOUR APPEAL.**

Comparable Sales:

Recent sales of similar property (within three years)

Property Sold	Owner/Address	Date of Sale	Sale Price

Information regarding sales of comparable properties may be obtained through personal research. Other information might include reports from inspectors or engineers concerning physical conditions, contractor estimates of cost of cure, documents from government agencies or experts regarding property limitations, appraisal documents, published blue book value, closing statements, legitimate advertisements, etc.

4. **Has property been appraised within the last five years?**

☐

YES

☒

NO

If yes, appraisal date: _____ Appraised value: \$ _____

5. **You may submit additional information to support your appeal of the assessed value.**

Documents with additional facts must be submitted within 30 days of the date the Assessment Notice was mailed unless the Assessor agrees to an extension.

Please check the following statement that applies to your intentions:

☐

I intend to submit additional information within the required time limit.

☒

My appeal is complete. I have provided all the information that I intend to submit, and request that my appeal be reviewed based on the information submitted.

6. **I hereby affirm that the foregoing information is true and correct. I understand that I bear the burden of proof, and that I am the owner (or owner's authorized agent) of the property described herein.**

X

Signature of Owner/Agent

Alvin D Heyano

Print Name

X

Date

March 17, 2025

The Board of Equalization (BOE) certifies its decision, based on the Findings of Fact and Conclusions of Law contained within the recorded hearing and record on appeal, and concludes that appellant (met/did not meet) the burden of proof that the assessment was unequal, excessive, improper or undervalued.