

### Assessor's Review Form

Appeal # PP 25-11

Property ID # 104282-00

11 Jimmy

1) Assessor's Decision Land Improvements Total

From	<u>\$ 170,000 -</u>	<u>\$ 0</u>	<u>\$ 170,000</u>
To	<u>\$ 10,000 -</u>	<u>\$ 0</u>	<u>\$ 10,000 -</u>

Assessor's reason for decision:

FISHING VESSEL IS INOPERABLE, SALVAGE VALUE.  
APPELLANT CONCURRS. APPEAL RESOLVED AND WITHDRAWN.

2024/10-7

Date received

Attulun 9 MAY 2024

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.

Attulun - for appellant

Signature of owner or authorized agent

9 MAY 2024

Date signed

A. ERICKSON - Contractor

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

Assessor's Review Form

Appeal # PA 25-51

51

Palin

Property ID # 101563-001 FISHING VESSEL

1) Assessor's Decision Land Improvements Total

From	<u>\$1,105 (FC 2021)</u>	<u>\$ 0</u>	<u>\$ 1,105 / 85,000 -</u>
To	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Assessor's reason for decision:

*SUBJECT VESSEL SOLD IN YEAR 2022 AND REMOVED FROM  
MUNICIPAL BOUNDARIES -  
NO TAXES DUE  
REMOVE FROM ASSESSMENT ROLLS.*

9 APRIL 2025

Attulun

10 MAY 2025

Date received

Decision made by

Date

Approved by

Date

Date mailed

2) Appellant Notified by

Mail

Telephone

12 MAY 2025 : 10<sup>15</sup> am

*(In person  
REPRESENTATIVE)*

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: Attulun for appellant 12 MAY 2025

Signature of owner or authorized agent

Date signed

A. CRICKSON - CONTRACT

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

