



Office of the Assessor
155 Heritage Way
Juneau, Alaska 99801

| Petition for Review / Correction of Assessed Value Real Property | |
|---|------------------|
| Assessment Year | |
| Parcel ID Number | 1C040A270001 |
| Name of Applicant | Brett Dillingham |
| Email Address | [REDACTED] |

CBJ-Assessor's Office

2024 Filing Deadline: Monday April 1st, 2024

APR 01 2024

Please attach all supporting documentation

ASSESSOR'S FILES ARE PUBLIC INFORMATION – DOCUMENTS FILED WITH AN APPEAL BECOME PUBLIC INFORMATION

| | | | |
|------------------|------------------|-----------------|------------------|
| Parcel ID Number | 1C040A270001 | | |
| Owner Name | Brett Dillingham | | |
| Primary Phone # | [REDACTED] | Email Address | [REDACTED] |
| Physical Address | 313 7th St., #1 | Mailing Address | 313 7th St., #1 |
| | Juneau, AK 99801 | | Juneau, AK 99801 |
| | | | |

Why are you appealing your value? Check box and provide a detailed explanation below for your appeal to be valid.

- My property value is excessive/overvalued
- My property value is unequal to similar properties
- My property was valued improperly/incorrectly
- My property has been undervalued
- My exemption(s) was not applied

THE FOLLOWING ARE NOT GROUNDS FOR APPEAL

- Your taxes are too high
- Your value changed too much in one year.
- You can't afford the taxes

Provide specific reasons and provide evidence supporting the item(s) checked above:

There aren't any useful comparison/comparable for valuing my condo, it was incorrectly valued without regard for parking (street only), laundry (shared facility) and storage limitations.

Have you attached additional information or documentation? Yes No

Values on Assessment Notice:

| | | | | | |
|------|---------|----------|-----------|-------|-----------|
| Site | \$ 5000 | Building | \$ 273600 | Total | \$ 278600 |
|------|---------|----------|-----------|-------|-----------|

Owner's Estimate of Value:

| | | | | | |
|------|---------|----------|-----------|-------|-----------|
| Site | \$ 5000 | Building | \$ 170000 | Total | \$ 175000 |
|------|---------|----------|-----------|-------|-----------|

Purchase Price of Property:

| | | | |
|-------|----------|---------------|----------------|
| Price | \$ 50000 | Purchase Date | November, 1990 |
|-------|----------|---------------|----------------|

Has the property been listed for sale? Yes No (if yes complete next line)

| | | | |
|---------------|----|----------------|--|
| Listing Price | \$ | Days on Market | |
|---------------|----|----------------|--|

Was the property appraised by a licensed appraiser within the last year? Yes No (if yes provide copy of appraisal)

Certification:

I hereby affirm that the foregoing information is true and correct, I understand that I bear the burden of proof and I must provide evidence supporting my appeal, and that I am the owner (or owner's authorized agent) of the property described above.

| | | | |
|-----------|--|------|------------|
| Signature | | Date | 03/31/2024 |
|-----------|--|------|------------|

Contact Us: CBJ Assessors Office

| Phone/Fax | Email | Website | Address |
|---|----------------------------|-------------------------------|---|
| Phone # (907) 586-5215 ext 4906 Fax # (907) 586-4520 | assessor.office@juneau.gov | http://www.juneau.org/finance | 155 Heritage Way Rm. 114 Juneau AK 99801 |

PARCEL #: _____ APPEAL #: _____ DATE FILED: _____

Appraiser to fill out

| | | | | | |
|---|----|----------|----------------|-------|----|
| Appraiser | | | Date of Review | | |
| Comments: | | | | | |
| | | | | | |
| Post Review Assessment | | | | | |
| Site | \$ | Building | \$ | Total | \$ |
| Exemptions | \$ | | | | |
| Total Taxable Value | \$ | | | | |
| APPELLANT RESPONSE TO ACTION BY ASSESSOR | | | | | |
| I hereby <input type="checkbox"/> Accept <input type="checkbox"/> Reject the following assessment valuation in the amount of \$ _____ | | | | | |
| If rejected, appellant will be scheduled before the Board of Equalization and will be advised of the date & time to appear. | | | | | |
| Appellant's Signature _____ | | | Date: _____ | | |

| | | |
|---|------------------------------|--|
| Appellant Accept Value | <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>(if no skip to Board of Equalization)</i> |
| Govern Updated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spreadsheet Updated | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corrected Notice of Assessed Value Sent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

BOARD OF EQUALIZATION

| | | | | | |
|---|------------------------------|-----------------------------|----|-------|----|
| Scheduled BOE Date | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 10-Day Letter Sent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| The Board of Equalization certifies its decision, based on the Findings of Fact and Conclusion of Law contained within the recorded hearing and record on appeal, and concludes that the appellant <input type="checkbox"/> Met <input type="checkbox"/> Did not meet the burden of proof that the assessment was unequal, excessive, improper or under/overvalued. | | | | | |
| Notes: | | | | | |
| | | | | | |
| Site | \$ | Building | \$ | Total | \$ |
| Exemptions | \$ | | | | |
| Total Taxable Value | \$ | | | | |

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