

CITY OF NOME ADMINSTRATIVE REVIEW AND APPEAL FORM

Appeal #:

2024-25

This form is for you to appeal the assessed valuation on your property. Complete Sections 1, 2 and 3. Retain a copy for your records, and return or mail the original copy to the City Clerk's Office. Appeals must be returned or postmarked no later than the date indicated on the Assessment Notice. The Assessor will contact you regarding your appeal.

1)	appeal the value	of tax parcel #: 1	92.1.	0 8	5	1 - 1)	
Property legal description: Block, Lot, Mineral Survey 1298							
Print Owner's Name: Norton Sound Health Corporation							
Owner's Mailing Address: PO Box 966, Day Phone: () 443_3337							
	Nome, AK 99762, Evening Phone: () 443_3337						
		nich all correspondence			han above): _		
C/O Dan Pardee, CFO (same address as above)							
****	******	********	******	******	*******	*******	
2)		T L and	Dida	Total:		Purchase Date:	
	Assessor's Value	Land: \$192,300	Bldg: \$4,515,400		7,700	December 2022	
	Owner's Estimate of Value	, , , , , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ψ 1,7 3			
	01 74140						
process at the To	of of unequal, excessine appeal hearing. otal Taxable	ppropriate). The Appellar ssive, improper, or under-visite, improper, or under-visite, improper and because the state of t	e \$0	acts that are s	stated in a valid	written appeal or proven	
(PLEASE ATTACH STATEMENT IF YOUNEED MORE SPACE)							
***	*******	***********	******	*****	********	***********	
3) I hereby affirm that the foregoing information is true and correct, that I have read and understand the guidelines above, and that I am the owner or owner's authorized agent of the property described above.							
(h. 1/2/24 Angie Gorn							
Signature of owner or authorized agent Date signed Print Name (if different form item # 1)							
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NOTARY PUBLIC in and for the STATE of ALASKA: Merches adecles							
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My Commission Expires Jan 5, 2026