



PROPERTY TAX CLASSIFICATION
2008 APPEAL FORM
RESIDENTIAL RECLASSIFICATION

Submit form to: Clerk of the Board of Supervisors
 301 W. Jefferson, 10th Floor
 Phoenix, AZ 85003
 (602) 506-3766

Name:		Phone:		Email Address:	
Mailing Address:			City:	State:	Zip:
Complete the following for the property under appeal (property address and APN listed below). Complete a separate form for each property appeal.					
Property address:			Assessors' Parcel Number (APN):		
Appeal is based on (check one): Assessor Letter _____ Date of Letter: _____ Treasurer Letter _____ Date of Letter: _____			Who currently resides at the property?		
Please check "yes" or "no" for each question regarding the property under appeal:				Yes	No
Is this property currently rented?					
From January 1, 2007 through present, was this property rented?					
From January 1, 2007 through present, was this property marketed as a rental?					
Are there plans to rent the property during 2008?					
Does a qualifying family member currently occupy the residence (child, parent, ancestor, step parent, stepchild, grandchild, sibling, child-in-law, parent-in-law)? If yes, please provide: Name of Occupant _____ Relationship: _____					
A utility bill or other appropriate documentation must be attached to the Appeal Form which supports qualifying member occupancy listed above.					
Complete the reverse side of this Appeal Form. This completed form must be received in the Clerk of the Board of Supervisors Office either 30 days from the date the Assessor mailed the Reclassification Notice for the residence, or 30 days from the date the Treasurer mailed the penalty assessment.					
Signature:			Date:		
State of Arizona) County of Maricopa) (Seal)			Subscribed and sworn (or affirmed) before me this ____ day of _____, 2008. _____ Notary Public		
For Office Use Only: _____ Appeal Denied _____ Appeal Approved					
Date of Board Meeting:					

If additional space is needed to support your claim, attach a separate sheet.

Name: _____

Property Address: _____

Assessors' Parcel Number: _____

Complete the following chart for **each** month listed. Place a check mark () to indicate whether the property was vacant, owner-occupied, or rented for the month. For partial months, enter number of weeks. If the property was rented to a qualifying family member, include the relationship. If the property is currently rented to a qualifying family member, attach a utility bill or other appropriate documentation for verification. For the remaining months of 2008, indicate the intent for the property. If the intent is rental, indicate whether the intent is to rent to a qualifying family member.

Month	Vacant	Owner-Occupied	Rental	If rented to a qualifying member*, list relationship.
January, 2007				
February, 2007				
March, 2007				
April, 2007				
May, 2007				
June, 2007				
July, 2007				
August, 2007				
September, 2007				
October, 2007				
November, 2007				
December, 2007				
January, 2008				
February, 2008				
March, 2008				
April, 2008				
May, 2008				
June, 2008				
July, 2008				
August, 2008				
September, 2008				
October, 2008				
November, 2008				
December, 2008				

*Pursuant to A.R.S. §42-12053, a qualifying family member is child (natural or adopted), parent, grand parent, ancestor, stepparent, stepchild, grandchild, sibling, child-in-law, parent-in-law, natural or adopted brother or sister.