



**PROPERTY TAX CLASSIFICATION**  
**2010 APPEAL FORM**  
**RESIDENTIAL RECLASSIFICATION**

**Submit form to:** Clerk of the Board of Supervisors  
 301 W. Jefferson, 10<sup>th</sup> 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 <input type="checkbox"/> Date of Letter: _____ Treasurer Letter <input type="checkbox"/> Date of Letter: _____			Who currently resides at the property?		
<b>Please check "yes" or "no" for each question regarding the property under appeal:</b>				<b>Yes</b>	<b>No</b>
Is this property currently rented?					
From January 1, 2009 through present, was this property rented?					
From January 1, 2009 through present, was this property marketed as a rental?					
Are there plans to rent the property during 2010?					
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: _____					
<b>A utility bill or other appropriate documentation must be attached to the Appeal Form which supports qualifying member occupancy listed above.</b>					
<b>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.</b>					
Signature:			Date:		
State of Arizona ) County of Maricopa )  (Seal)			Subscribed and sworn (or affirmed) before me this ____ day of _____, 2010.  _____ Notary Public		
For Office Use Only: <input type="checkbox"/> Appeal Denied <input type="checkbox"/> 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 2010, 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, 2009				
February, 2009				
March, 2009				
April, 2009				
May, 2009				
June, 2009				
July, 2009				
August, 2009				
September, 2009				
October, 2009				
November, 2009				
December, 2009				
January, 2010				
February, 2010				
March, 2010				
April, 2010				
May, 2010				
June, 2010				
July, 2010				
August, 2010				
September, 2010				
October, 2010				
November, 2010				
December, 2010				

\*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.