

Salt Lake County Board of Equalization Request for Reconsideration and Hearing

The Salt Lake County Board of Equalization considered the evidence and information filed with the appeal for the current year and issued the enclosed decision. Taxpayers who are convinced that the decision issued by the Board is unjustified or erroneous must provide written justification for requesting reconsideration and hearing. All written documentation upon which the decision was rendered is available for inspection in the County Auditor's Office at 2001 South State Street, Room N-3300, Salt Lake City, Utah 84190-1100. All information supplied with this form will be evaluated in determining the appropriateness of the request. If a hearing is needed you will be notified of the date, time, and location of the hearing.

Complete All Items

1. General Information and Description of Property
Fill Out Completely

Parcel Number (See Notice): _____
Owner of Record - Names: _____
Property Location (Address): _____

2. Statement of Facts Preceding Request
Describe in a clear and concise statement all facts and circumstances presented prior to Board of Equalization proposed decision.

3. Objections to Proposed Decision
Describe in clear and concise detail why you object to the proposed decision of the Board and any points of law you wish to raise.

4. Requestion Action
Describe fully your requested relief and any action needed to resolve the appeal. (Attach additional evidence.)

5. Request to Appear and Give Oral Testimony At Hearing

A Hearing Officer will reconsider and recommend a decision based only on the written evidence . . . unless the taxpayer specifically requests that a hearing be held.

Mark this box if you request to be present and give oral testimony at the hearing. Time for oral testimony will be limited. Attach all additional evidence you want considered by the Board. Extenuating circumstances justifying additional time for oral evidence should be attached.

I certify that to the best of my knowledge all statements herein and/or attachments are true and correct.

Dated this _____ day of, 20____. _____
Signature of Taxpayer or Agent

Taxpayer's daytime phone number: (____) _____

Mail This Form To: SALT LAKE COUNTY BOARD OF EQUALIZATION, 2001 South State Street, N-3300, Salt Lake City, UT 84190-1100.

For information or assistance call (801) 468-3050.

Receipt of your request will be acknowledged if you enclose a stamped, self-addressed envelope.