

**Appeal to the Utah State Tax Commission
of Decision of the County Board of Equalization
of Salt Lake County**

UCA § 59-2-1006
Form PT-19 (Salt Lake)
SLPT019.pmd rev. 07/03

Taxpayer Information (please type or print clearly and use additional paper if necessary.)

Tax Assessment Year:			Parcel Number:		
Owner's/Petitioner's Name			Representative's Name (if any)		
Mailing Address			Representative's mailing address (if any)		
City	State	Zip	City	State	Zip
Daytime telephone number			Daytime telephone number		
Fax number (if any)			Fax number (if any)		

Property Information

Location/address of property	SALT LAKE COUNTY
Property type (check one): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant Land <input type="checkbox"/> Agricultural/Greenbelt <input type="checkbox"/> Personal Property (specify type and category): _____	
Primary Issue For Appeal (check one): <input type="checkbox"/> Assessed Value If you are contesting the assessed value, state your estimate of value \$ _____ <input type="checkbox"/> Eligibility for exemption <input type="checkbox"/> Greenbelt status <input type="checkbox"/> Other (specify) _____	

Additional Information

State your objections to the Salt Lake County Board of Equalization decision.

(Be prepared to produce supporting evidence at a hearing or mediation conference.)

Owner's/Petitioner's Signature	Date
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Submit this form to the Salt Lake County Auditor at 2001 South State Street, #N3300, SLC, UT 84190
This form must be filed with the Salt Lake County Auditor within 30 days of the date of the Board of Equalization decision.

OFFICIAL USE ONLY

Control Number:	Decision Dated:	Processed By:	Date Received by Salt Lake County
Value set by Bof E \$	Taxes after B of E \$	<input type="checkbox"/> Submitted as a request for original jurisdiction.	