

Request for Direct Appeal to the State Board of Tax Appeals

The following taxpayer requests the attached appeal be heard by the State Board of Tax Appeals without first having a hearing before the County Board of Equalization.

Parcel No:	_____
Property Type:	_____
Owner:	_____
Mailing Address For All Correspondence Relating To Appeal:	
Street Address:	_____
City, State, Zip Code:	_____
Daytime Phone No:	_____
Name of Petitioner or Authorized Agent:	_____
Main Issue:	_____
Reason this should be heard by the Board of Tax Appeals:	_____ _____ _____
Amount of value in dispute: \$	_____

All parties must agree to this request or the appeal shall be considered first by the County Board of Equalization.

I Agree To This Request:

Date: _____

Taxpayer or Agent

Yes No Date: _____

Assessor

The signature below represents a majority of the Board of Equalization; the minutes of the Board reflect the vote.

Yes No Date: _____

Board of Equalization Chair

THIS REQUEST MUST BE FILED WITH THE COUNTY ASSESSOR'S OFFICE.

For tax assistance, visit <http://dor.wa.gov/content/taxes/property/default.aspx> or call (360) 570-5900. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.