

# 2019 Taxpayer Inquiry Request Form

Allow 10 business days for response &/or schedule a hearing with the proper County Commission sitting as Board of Review & Equalization

Date of Inquiry: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Contact Name: \_\_\_\_\_

(If different than owner) \_\_\_\_\_

Current Mailing Address if different from address where tax ticket is received:

\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

(including area code)

Information related to the property location:

1. TAX YEAR Concerned with: \_\_\_\_\_

2. County: \_\_\_\_\_

3. Tax District: \_\_\_\_\_

4. Map Number (surface map or 9999): \_\_\_\_\_

5. Parcel Number (4 character): \_\_\_\_\_

6. Sub-parcel Number (4 characters): \_\_\_\_\_

7. SPID Number (4 characters): \_\_\_\_\_

8. Acres in parcel: \_\_\_\_\_

9. Ownership interest: \_\_\_\_\_

Details of Problem/Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature