## Before the Utah State Tax Commission

## REQUEST TO RECONVENE THE BOARD OF EQUALIZATION

Petitioner (print or type)	Petitioner's Representative, if any (print or type)	
Name	I authorize the below-named person to discuss and share information concerning this appeal with the Utah State Tax Commission.	
Mailing address	Name	
	Firm	
	Mailing address	
Daytime telephone no.		
Email address	Daytime telephone no. Email address	
Refer to your tax notice for the information requested in		
Petitioner requests that the Tax Commission reconvene the Board o	f Equalization of(county name)	
County to hear an appeal of the property tax assessment of the pro		
Property Parcel/Serial Number(s):		
Property type		
☐ Single residence/Duplex/Triplex ☐ Four-plex/Apartment of Other (describe)	complex	
any co-owners from filing an appeal by the filing deadline. Failure of	x.utah.gov/research/effective/r884-24p-066.doc. I can show that the county, by its act or failure to act, interfered with e property contain a factual error; or that a medical emergency, a curred during the Board of Equalization period and prevented you and	
Choose your circumstance(s):  The county did not comply with the notification requirements to ma record for this property, or otherwise interfered with the property of Describe the county's notice failure or interference:	owner's ability to timely file the appeal	
☐ Medical emergency  Describe the nature of the medical emergency and the relations	ship of the individual with the emergency to the property owner(s):	
Identify the length of the medical emergency: / / MM DD	to/	
Did this medical emergency require hospitalization?	s 🗆 No	
Identify the length of hospitalization:  / / /	YY to MM / DD / YY	

☐ Death of owner of immediate family members Name of decedent and relationship to owner.	er(s) (if applicable):	
Identify the date of death://_		
☐ Extraordinary and unanticipated circumstance	te (submit copies of documentation to verify) d unanticipated circumstance:	
Identify the length of the extraordinary and	unanticipated circumstance:////	to//
☐ Factual error in the county's records (select	* * * *	
A mistake in the description of the size,		
☐ A clerical or typographical error in repor ☐ An error in classification of your property	ting or entering the data used to establish valuation	on or equalization
	perty that is eligible for a property tax exemption, i	ncluding the residential exemption
Additional Owner(s)		
• •	who are joint owners or co-owners of this property?	☐ Yes ☐ No
	mo are jeun cumore of oe cumore of time property.	
List why the additional owner(s) were unable to	file the appeal by the statutory deadline:	
If there are more than two owners of the proper	ty, supply their names and reason for inability to t	imely file on additional paper.
Provide any further details to explain your circums	tances (if applicable)	
I understand that I must show that I meet the my request.	e requirements of R884-24P-66, and I have attach	ned copies of all documents supporting
Name (print)	Petitioner's signature	Date signed
*A factual error means an error that is objectively veri evidence; and the existence of which is recognized by	fiable without the exercise of discretion, opinion, or judg the taxpayer and the county assessor.	ment; demonstrated by clear and convincing
Send documents to:		

Utah State Tax Commission Appeals Unit 210 North 1950 West Salt Lake City, UT 84134

Upon receipt of this form, the Tax Commission Appeals Unit will notify the County Auditor of your request and allow the county to submit a response. You may submit a reply to the response, after which the Tax Commission will issue an order based on your submissions and those from the county.

## For help with this form

call 801-297-2283 or 801-297-2280.