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.