

CITY OF WYOMING ASSESSOR'S REVIEW FORM

Please Print or Type and return to our office

Date: ____/____/____

Property Address: _____ Parcel # **41** - - - -

Owner: _____

Is this your primary residence? ____ If "no" mail address: _____

Phone: (Home) _____ (Work) _____

Agent, if not Owner: _____ Phone _____

NOTE: An Authorization from the owner, dated this year, must be attached.

Your opinion of Market Value (what would it sell for?) TCV..... _____

EVIDENCE TO SUPPORT YOUR APPEAL

I. List **PHYSICAL, FACTUAL MATTERS IN ERROR**, i.e., lot size, building age, condition of interiors/exteriors of building(s), etc. (Provide photos, if possible).

II. Please provide recent Sales data to support your opinion of Market Value.

Address	<u>ARMS LENGTH SALES</u>	
	Amount	Date of Sale
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

III. **Additional Comments**, i.e., recent purchase price & date on this property, current listing/asking price, recent construction costs, etc. If additional space is needed, use the back of this form or add attachments.

_____ If a change is made to your assessment because of this appeal, you will be notified by mail at the end of February . If you do not receive another notice OR are still dissatisfied, you may contact our office Wednesday the first week in March for an appointment with the March Board of Review.

Office Use only

Original Proposed AV _____ Approved AV _____ Appr. _____