

**ST. LOUIS COUNTY BOARD OF EQUALIZATION  
PERSONAL PROPERTY APPEAL FORM  
Circle choice of hearing location**

*North County*

*South County*

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
APPEAL NUMBER

**INDIVIDUAL PERSONAL PROPERTY ONLY**

(MANUFACTURER'S AND BUSINESS PERSONAL PROPERTY MUST USE APPEAL FORM BOE-MB/2009)  
APPEAL MUST BE FILED BY THE 2ND MONDAY IN JULY OF THE CURRENT ASSESSMENT YEAR  
PER SECTION 137.385 RSMo 2000

ACCOUNT NUMBER: \_\_\_\_\_ ADDRESS OF PROPERTY: \_\_\_\_\_

APPEAL OF (NAME IN WHICH ASSESSMENT APPEARS): \_\_\_\_\_

STATE REASON FOR REQUESTING A REVISION OF THE APPRAISED VALUE: \_\_\_\_\_

\_\_\_\_\_

<b>PROPERTY BEING APPEALED:</b> LIST PROPERTY OWNED ON JANUARY 1 OF THE CURRENT TAX YEAR AND BEING APPEALED				
YEAR	MAKE	MODEL	APPRAISED (MARKET) VALUE BEING APPEALED	OWNER'S OPINION OF MARKET VALUE

**PLEASE SEE INSTRUCTION SHEET FOR DOCUMENTATION TO BE SUBMITTED TO SUPPORT YOUR OPINION OF VALUE.**

UNDER PENALTY OF LAW, I DECLARE THAT I HAVE EXAMINED THIS FORM, INCLUDING ALL ATTACHMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS TRUE, CORRECT AND COMPLETE. THIS APPEAL MUST BE SIGNED BY OWNER OR BY THE OWNER'S AGENT. NOTE: THE ORIGINAL AGENCY AUTHORIZATION MUST ACCOMPANY THE APPEAL FORM. (SEE INSTRUCTIONS)

OWNER'S SIGNATURE: \_\_\_\_\_ OWNER'S AGENT'S SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ DAYTIME PHONE NUMBER: \_\_\_\_\_

**ELECTRONIC FILING OF APPEALS ARE NOT ACCEPTED – MAIL FORM TO:**  
**ST. LOUIS COUNTY BOARD OF EQUALIZATION**  
**41 SOUTH CENTRAL AVENUE**  
**ST. LOUIS MO 63105**