

**ST. LOUIS COUNTY BOARD OF EQUALIZATION
REAL PROPERTY APPEAL FORM**

DATE RECEIVED _____

APPEAL NUMBER _____

SINGLE FAMILY RESIDENTIAL(4-FAMILY OR LESS) AND AGRICULTURAL PROPERTY ONLY

(MULTI-FAMILY PROPERTIES MUST USE APPEAL FORM BOE-CI/2008)

APPEAL MUST BE FILED BY THE 3RD MONDAY IN JUNE OF THE CURRENT ASSESSMENT YEAR,
PER SECTION 137.385 RSMo 2000

LOCATOR NUMBER: _____ ADDRESS OF PROPERTY: _____
(Note: A separate appeal form must be filed for each locator number.)

APPEAL OF (NAME IN WHICH ASSESSMENT APPEARS): _____

APPRAISED VALUE BEING APPEALED: _____ OWNER'S OPINION OF MARKET VALUE: _____

STATE REASON FOR REQUESTING A REVISION OF THE APPRAISED VALUE: _____

**ATTACH SUPPORTING DOCUMENTATION SUCH AS COPIES OF RECENT APPRAISALS, CONSTRUCTION COSTS (IF BUILT WITHIN THE
LAST FIVE YEARS), REPAIR ESTIMATES, PHOTOGRAPHS, AND RECENT SALES CONTRACT INCLUDING CLOSING STATEMENT**

USE OF PROPERTY (OWNER OCCUPIED, RENTED, FARMED, ETC.): _____

IS THIS A NEWLY CONSTRUCTED RESIDENCE? _____ IF YES, DATE OF OCCUPANCY: _____

DATE PROPERTY ACQUIRED: _____ TOTAL PURCHASE PRICE IF ACQUIRED SINCE 2006: _____

HOW WAS PROPERTY ACQUIRED? _____ DID PURCHASE PRICE REPRESENT MARKET VALUE AT TIME OF
PURCHASE? IF NOT, WHY? _____

YEAR BUILDING(S) BUILT: _____ DESCRIBE ALL IMPROVEMENTS MADE SINCE ACQUIRED INCLUDING COST AND
DATE COMPLETED (EXCLUDING ROUTINE MAINTENANCE) _____

**NOTE: THIS APPEAL FORM IS TO BE USED FOR SINGLE-FAMILY RESIDENTIAL AND AGRICULTURAL PROPERTY ONLY.
USE APPEAL FORM [BOE-CI/2008] FOR ALL MULTI-FAMILY, COMMERCIAL AND INDUSTRIAL PROPERTIES.**

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 THE OWNER OR
BY THE OWNER'S AGENT. NOTE: THE WRITTEN 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 TO:
ST. LOUIS COUNTY BOARD OF EQUALIZATION
41 SOUTH CENTRAL AVENUE
ST. LOUIS, MO 63105**