

**TAXPAYER PETITION TO THE SKAGIT COUNTY BOARD OF EQUALIZATION
FOR REVIEW OF SENIOR CITIZEN/DISABLED PERSON
EXEMPTION OR DEFERRAL DETERMINATION**

<p>File petition with any attachments to: Skagit County Board of Equalization 1800 Continental Place, Mount Vernon WA 98273</p>	<p><i>For Official Use Only</i></p>
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This petition must be filed or postmarked by July 1, 2018, or within 30 days after the mailing date listed on the Assessor's Official determination, whichever is later.

The undersigned petitions the Board of Equalization to review the Assessor's determination for exemption/deferral of the property described below as shown on the assessment roll for 2018 for taxes payable in 2019.

ATTACH A COPY OF THE ASSESSOR'S DETERMINATION NOTICE

ALL ITEMS MUST BE COMPLETED (Please Print)

<p>1. Account/Parcel Number: _____</p> <p>2. Owner: _____</p> <p>Mailing Address for all Correspondence Relating to Appeal:</p> <p>Name of Petitioner or Authorized Agent: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Daytime Phone No.: _____ e-mail address: _____</p>		
<p>3. General Description of Property</p> <p>a. Address/location _____</p> <p>b. Lot size (acres) _____</p> <p>c. Is any portion of this property leased or rented to others (i.e.duplex)? yes ___ no ___</p> <p>If yes, describe what portion: _____</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <p>4. The determination made by the Assessor was for the:</p> <p>___ Exemption Program – 84.36 RCW</p> <p>___ Deferral Program – 84.38 RCW (Senior Citizens/Disabled Persons)</p> <p>___ Deferral Program – 84.37 RCW (Homeowners with Limited Income)</p> </td> <td style="width: 40%; border: none;"> <p>Reason for denial:</p> <p>___ Income exceeds limitation</p> <p>___ Did not meet qualifications</p> </td> </tr> </table> <p style="text-align: center;">PLEASE ATTACH A COPY OF THE ASSESSOR'S DETERMINATION NOTICE</p>	<p>4. The determination made by the Assessor was for the:</p> <p>___ Exemption Program – 84.36 RCW</p> <p>___ Deferral Program – 84.38 RCW (Senior Citizens/Disabled Persons)</p> <p>___ Deferral Program – 84.37 RCW (Homeowners with Limited Income)</p>	<p>Reason for denial:</p> <p>___ Income exceeds limitation</p> <p>___ Did not meet qualifications</p>
<p>4. The determination made by the Assessor was for the:</p> <p>___ Exemption Program – 84.36 RCW</p> <p>___ Deferral Program – 84.38 RCW (Senior Citizens/Disabled Persons)</p> <p>___ Deferral Program – 84.37 RCW (Homeowners with Limited Income)</p>	<p>Reason for denial:</p> <p>___ Income exceeds limitation</p> <p>___ Did not meet qualifications</p>	
<p>5. Specific reasons why you believe the assessor's determination was incorrect.</p>		
<p>6. You may submit additional information, either with this petition or prior to seven business days before the hearing, to support your claim. Check the following statement that applies.</p> <p>___ I intend to submit additional documentary evidence to the Board of Equalization and the assessor no later than seven business days prior to my scheduled hearing.</p> <p>___ My petition is complete. I have provided all the documentary evidence that I intend to submit and I request a hearing before the Board of Equalization as soon as possible.</p>		
<p>7. Power of Attorney: If power of attorney has been given, the taxpayer must so indicate by signing the statement below or attaching a signed power of attorney.</p> <p>The person whose name appears as authorized agent in Item No. 2 above has full authority to act on my behalf on all matters pertaining to this appeal.</p> <p><i>Signature of Petitioner (Taxpayer)</i> _____</p>		

8. I hereby certify I have read this petition and that it is true and correct to the best of my knowledge.

Signed this _____ day of _____, _____ (year)

Instructions for Petition to the Skagit County Board of Equalization for Review of Senior Citizen/Disabled Person Exemption or Deferral Determination

All information in boxes 1 – 8 must be completed (if applicable). The petition must be signed and dated. Without the information in boxes 1-8 your Petition for Review will not be considered complete and will be returned to you.

1. Your parcel number appears on your determination notice, notice of value and tax statement. All parcel numbers related to this appeal may be appealed on one form.

2-3. Self-explanatory.

4. Indicate if you are appealing an assessor determination related to the exemption program or the deferral program. Indicate if the application was denied because your income exceeds the statutory limits or if the denial was based on other eligibility qualifications. Attach a copy of the assessor's determination notice.

5. List the specific reasons for the appeal. Provide a detailed explanation of why you believe the assessor's determination was incorrect.

6. Additional information to support your claim may be provided either with this petition or prior to seven business days before the hearing. You must also provide a copy of any additional information to the assessor.

7. Indicate if you are acting under a written Power of Attorney. Taxpayer must sign here if someone is acting on their behalf; or you may submit a copy of a written power of attorney signed by taxpayer.

8. Sign and date the petition.

The petition must be filed or postmarked by July 1 of the current assessment year or 30 days after the date of mailing of the Assessor's Determination Notice.

Mail or submit in person the completed petition with an original signature and a **copy of the Determination Notice** to the following:

Skagit County Board of Equalization
1800 Continental Place
Mount Vernon, WA 98273