LATAH COUNTY

APPEAL OF PROPERTY ASSESSMENT FORM

A copy of the Assessment Notice *must* accompany this form.

QUESTIONS? Latah County Assessor's Office, (208) 883-5710
CONTACT: 522 S Adams, Room 109 Moscow, ID 83843 Fax: (208) 883-2298

RETURN COMPLETED FORM TO: Latah County Auditor's Office 522 S. Adams, Room 101 (208) 883-2249
Moscow, ID 83843 EMAIL: BOE@latah.id.us Fax: (208) 883-7203

THIS FORM MUST BE RECEIVED OR POSTMARKED NO LATER THAN 5:00 P.M. ON THE DATE INDICATED ON THE ASSESSMENT NOTICE:
MONDAY, JUNE 22, 2026

APPELLANT INFORMATION

Owner's Name _____ Owner's Phone: _____

Owner's E-mail Address: _____ Owner's Fax: _____

Mailing Address: _____ City _____ State _____ Zip _____

Who will represent the Appellant before the Board of Equalization: ☐ Yourself (go to Property Information) ☐ Other (complete next two lines only if different from owner)

Name: _____ Email: _____ Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

PROPERTY INFORMATION

Parcel # (one parcel per form) | | | | | | | | | | | | | | | | |

(from Assessment Notice – top ½, right-hand side)

Property Address _____

Type of Property (check all that apply):

☐ Residential ☐ Commercial ☐ Vacant Land
☐ Mobile Home ☐ Industrial ☐ Agricultural Land
☐ Homeowner's Exemption ☐ Business Personal Property ☐ Other _____

Do you wish to attend a public appeal hearing and present oral testimony before the Board? ☐ Yes ☐ No

Is there more than one property, with the same issue/argument, to be filed and heard together at one hearing? (**If yes, separate forms must be completed and filed for each property appealed.**) ☐ Yes ☐ No → Total Number: ☐

OWNER'S STATEMENT

Assessor's Value (from Notice): $ _____
(Attach a copy of the Assessment Notice)

Owner's Estimate of Value: $ _____

Purchase of Property: Price: $ _____ Purchase Date: ___/___/___ *MM / DD / YYYY*

Comparable sales to help support your appeal (sales must be **prior to** January 1st of the current year):

Street Address	Date of Sale	Sale Price
1.	/ /	$
2.	/ /	$
3.	/ /	$

Factual or legal reason for this appeal (use additional pages, if necessary).

The following are not grounds for appeal:
- Your Taxes are too high.
- Your Value changed too much in one year.
- You cannot afford the taxes.

Signature: _____ Date ___/___/___
(property owner/appellant (or designated representative) *MM / DD / YY*

FOR COUNTY USE ONLY

Hearing Date and Time: _____

Notification of hearing provided: *(initial & date)*

☐ In Person By: _____ on: _____ ☐ via Phone By: _____ on: _____ ☐ via Letter By: _____ on: _____ ☐ via E-mail By: _____ on: _____