

PETITION FOR ABATEMENT OR REFUND OF TAXES

County: _____

Section 1: Property Details

Date Received: _____

| | |
|-------------------------------------|--|
| Date Completed: | |
| Owner Name: | |
| Owner Mailing Address: | |
| Schedule/Parcel Number: | |
| Property Address/Legal Description: | |

Section 2: Abatement or Refund Reason(s)

| | |
|---|-------------------------------|
| Property Tax Year: | Petitioner Estimate of Value: |
| Reason for abatement or refund request: | |

Section 3: Attestation

| | |
|--|---------------|
| I declare, under penalty of perjury in the second degree, that this petition, together with any accompanying exhibits or statements, has been prepared or examined by me, and to the best of my knowledge is true and correct. | |
| Print Name of Person Signing: | |
| Email Address: | Phone Number: |
| Signature: | Date: |

*Signing as: Owner Agent *Letter of agency must be attached when petition is submitted by an agent.

Section 4: Assessor Recommendation (Assessor Use Only)

Check each box applicable if mixed use.

Property Type: Residential Commercial Industrial Agricultural Mixed-Use Other

| | Actual | Value Adjustment | Adjusted Actual | Assessment Rate | Assessed Value | Mill Levy | Tax Amount |
|-----------|--------|------------------|-----------------|-----------------|----------------|-----------|------------|
| Original | | | | | | | |
| Corrected | | | | | | | |
| Abated | | | | | | | |

| | Actual | Value Adjustment | Adjusted Actual | Assessment Rate | Assessed Value | Mill Levy | Tax Amount |
|-----------|--------|------------------|-----------------|-----------------|----------------|-----------|------------|
| Original | | | | | | | |
| Corrected | | | | | | | |
| Abated | | | | | | | |

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|-----------|--------|------------------|-----------------|-----------------|----------------|-----------|------------|
| Original | | | | | | | |
| Corrected | | | | | | | |
| Abated | | | | | | | |

| | | |
|--|----------------------------------|---|
| Assessor Recommendation: | Approve <input type="checkbox"/> | Deny <input type="checkbox"/> |
| Protest in Abatement/Refund Tax Year:* | No <input type="checkbox"/> | Yes <input type="checkbox"/> (If a protest was filed, attach a copy of the NOD) |
| Reason for Denial Recommendation: | | |
| Assessor or Deputy Assessor Signature: | | Date: |

Section 5: Mutual Agreement

The Commissioners of _____ County authorize the assessor by Resolution No. _____ to review petitions for abatement or refund and to settle by written mutual agreement any such petition for abatement or refund in an amount of \$ _____ or less per tract, parcel, or lot of land or per schedule or personal property in accordance with § 39-1-113(1.5), C.R.S. The Petitioner and Assessor mutually agree with the values and taxes as outlined in Section 4 or in the table below.

| | |
|---|-------|
| Petitioner Signature: | Date: |
| Assessor or Deputy Assessor Signature: | Date: |

| | Actual | Value Adjustment | Adjusted Actual | Assessment Rate | Assessed Value | Mill Levy | Tax Amount |
|-----------|--------|------------------|-----------------|-----------------|----------------|-----------|------------|
| Original | | | | | | | |
| Corrected | | | | | | | |
| Abated | | | | | | | |

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|-----------|--------|------------------|-----------------|-----------------|----------------|-----------|------------|
| Original | | | | | | | |
| Corrected | | | | | | | |
| Abated | | | | | | | |

Section 6: Decision of the County Commissioners (Must be completed if Section 5 does not apply)

The County Commissioners of _____ County, State of Colorado, held a meeting on ____ / _____.
The following members were present:

Notice of the meeting and an opportunity to appear were given to the Petitioner p not present and the County Assessor p not present

The Board of County Commissioners (BOCC) are fully advised and have considered the petition. The Board agrees does not agree with the recommendation of the Assessor. The petition has been approved approved in part denied with an abatement/refund as follows:

Year _____ Taxes Abate/Refund _____ BOCC Chairperson's Signature _____ Date _____

I, _____ County Clerk and Ex-Officio Clerk of the Board of County Commissioners, do hereby certify that the above order is truly copied from the record of the proceedings of the Board of County Commissioners.

County Clerk's or Deputy County Clerk's Signature _____ Date _____

Note: Abatements greater than \$10,000 per schedule per year must be submitted in duplicate to the Property Tax Administrator for review.

Section 7: Action of the Property Tax Administrator

| | | | | |
|---|-----------------------------------|---|-----------------------|-----------------|
| Division Review | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | Code: _____ | Reviewer: _____ |
| Tax Year: _____ | Amount: _____ | | | |
| Timely Filed: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date Completed: _____ | |
| Administrative Assistant's Signature _____ Date _____ | | Property Tax Administrator's Signature _____ Date _____ | | |