

REQUEST FOR APPEAL FORM									
RUTHERFORD COUNTY BOARD OF EQUALIZATION									
319 N. MAPLE STREET SUITE 200				BUSINESS PERSONAL PROPERTY			615-898-7761		
MURFREESBORO TN 37130				RESIDENTIAL\COMMERCIAL			615 898-7750		
APPEAL OF ASSESSMENT FOR TAX YEAR 20__									
BUSINESS \PROPERTY OWNER NAME:									
PROPERTY ADDRESS:									
CITY:			STATE:			ZIP:			
ACCOUNT #									
PARCEL ID #									
PROPERTY CLASS	RESIDENTIAL	COMMERCIAL	INDUSTRIAL	AGRICULTURAL	BUSINESS PERSONAL PROPERTY			OTHER	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
GROUNDS FOR APPEAL - CHECK ALL THAT APPLY									
VALUE	UNIFORMITY		ZONING CLASSIFICATION		OTHER				
SPECIFY GROUNDS FOR APPEAL:									
ASSESSED VALUE BY ASSESSOR				OWNER'S VALUE ASSERTION			DIFFERENCE		
LIST ALL SUPPORTING EVIDENCE YOU WILL BE PRESENTING: (COMPS, APPRAISALS, LETTERS, PHOTOS, ETC.)									
SIGNATURE OF BUSINEES\PROPERTY OWNER OR AGENT						DATE			
NOTE: If the appeal form is signed by an agent, a letter of authorization must accompany the filing of the appeal.									
AGENT NAME: (OWNER'S REPRESENTATIVE-MUST PROVIDE AUTHORIZATION)									
AGENT'S ADDRESS:				AGENT'S PHONE:					
				AGENT'S EMAIL:					
				AGENT'S STATE ID NO.:					
				(If applicable)					