

Relief requested—Describe the relief you are requesting.

Value information—Please submit separate value information for each year under consideration.

Real Market Value (RMV)	RMV on tax bill	RMV requested	Assessed Value (AV)	AV on tax bill	AV requested
Land					
Buildings					
Other					
Total					
Exception RMV			Total →		

Declaration

I declare under the penalties for false swearing [ORS 305.990(4)] that I have examined this document, and to the best of my knowledge, it is true, correct, and complete.

Signature of petitioner or authorized representative X	Print or type name	Date
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Authorization to represent

If you choose to be represented, you can only be represented by a person listed below. All correspondence will be mailed to that person.

I authorize _____ to represent me before the Department of Revenue.

Signature of petitioner X	Print	Date
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My authorized representative is (check one):

- A person licensed or authorized to perform real estate appraisals in Oregon.
- A real estate broker licensed under ORS 696.022.
- An attorney licensed to practice in Oregon.
- A public accountant or enrolled agent licensed to practice in Oregon.
- My employee regularly employed in tax matters.
- My spouse, child, or parent.

Authorized representative address		
City	State	ZIP code
E-mail address		
Telephone number	Telephone number to call for conference	

Mail to: Property Tax Division
Oregon Department of Revenue
PO Box 14380
Salem OR 97309-5075