

INSTRUCTIONS

1. Any person wishing to contest an assessment of his property shall file **NOT LATER THAN THIRTY (30) DAYS AFTER THE DATE OF THE ASSESSMENT SCHEDULE**, properly sent pursuant to WS 39-13-103 (b)vii, a statement with the County Assessor specifying the reasons why the assessment is incorrect.
2. The County Assessor and the person contesting the assessment, or his agent, shall disclose witnesses and exchange information, evidence and documents relevant to the appeal, including sales information from relevant statements of consideration if requested, no later than fifteen (15) days prior to the scheduled County Board of Equalization hearing. The Assessor shall specifically identify the sales information used to determine market value of the property under appeal. A County Board of Equalization may receive evidence relative to any assessment and may require the person assessed or his agent or attorney to appear before it, be examined and produce any documents relating to the assessment. No adjustment in an assessment shall be granted to or on behalf of any person who willfully neglects or refuses to attend a meeting of a County Board of Equalization and be examined or answer any material question upon the Board's request.
3. Minutes of the examination shall be taken and filed with the County Clerk. A Court Reporter will be made available at the Petitioner's request and expense.

Hot Springs County Assessor's Office

415 Arapahoe, Thermopolis, WY 82443

Phone: (307)864-3414 Fax: (307) 864-5267 E-mail: hsca@hscounty.com

STATEMENT TO CONTEST PROPERTY TAX ASSESSMENT

TO: HOT SPRINGS COUNTY BOARD OF EQUALIZATION

Tax Year: _____

Name of Property Owner: _____

Complainant (if different): _____

Owner/Complainant Mailing Address: _____

Telephone No.: _____

Property Address in dispute: _____

Legal Description: _____

Assessment Schedule Number: _____

Please complete the following statement specifying reasons why you feel the assessment is incorrect. (Be specific in your reasons.) YOU MUST INCLUDE A CONCISE STATEMENT AS TO THE RELIEF DESIRED.

(Attach additional sheet(s) if necessary)

Signature

Date