

Lauderdale County Tax Assessor Commercial Request for Review

Date:	Parcel Number:
Tax Year:	PPIN:
Taken by:	Letter of Authorization: Yes No
Owner's Name:	Telephone Number:
Property Address:	Mailing Address:
Your Opinion of Value:	Assessor's Recorded Value:
Land Value:	Land Value:
Improvement Value:	Improvement Value:
Is the property mortgaged? Yes No	Is there a deed of trust? Yes No
Are you an appraiser? Yes No	Amount of Deed of Trust:
Is the property insured? Yes No	Amount of Insurance:
Date of Acquisition:	Full Purchase Price:

There are three approaches to value typically associated with valuing property. These are the cost approach, income approach, and sales comparison approach. Please include all calculations, supporting documents, and a summarization for each approach considered when determining your opinion of true/market value.

The following information is requested: any appraisals that have been completed in the past three years; any sales data pertaining to comparable properties; a cost work-up on the subject property; an audited P & L for the last two years on the subject property. In order to process this request for review, this form must be filled out in its entirety. **(An opinion of true/market value and a detailed explanation for disagreeing with the assessor's value must be given, or this request for review will not be processed.)**

Reason:

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

Signature of Applicant	Signature of person taking request
(Print Name)	(Print Name)

By : _____
 Attorney/Agent/Guardian

If signed by anyone other than self or spouse, attach a copy of authority. **Section 27-33-31(0)**

Assessor's Office Use Only

Notes/Action Taken
