Request for Review

Date:			Parcel Number:				
Taken By: Appraisal Review			PPIN Nu	mber:			
		Mapping Review			Tax Year		
Owner's Name:			Telephone N	Number:			
Property Address:			Mailing Add	Mailing Address:			
City	State	Zip	City		State	Zip	
(Owner's Estimate of Valu	ue		Assessor	's Recorded Va	lue	
Land Value:			Land Value:				
Improvement Value:			Improvement	Improvement Value:			
-			Total Value:				
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