



COUNTY OF JEFFERSON

Ken Waller
County Clerk

COUNTY CLERK'S OFFICE
ADMINISTRATION CENTER
729 MAPLE STREET/PO BOX 100
HILLSBORO MO 63050
636-797-5486
FAX 636-797-5360
COUNTYCLERK@JEFFCOMO.ORG

ALL APPEAL FORMS MUST BE RECEIVED OR POSTMARKED BY THE COUNTY CLERK'S OFFICE NO LATER THAN 5:00 PM ON THE SECOND MONDAY IN JULY RSMO. 137.385

Property Owner(s):

It is recommended that you contact the Assessor's Office at (636) 797-5466 prior to requesting an appeal hearing.

Appeal form(s) must be typed or printed in black or blue ink and filled out entirely. Upon receipt of your form(s), you will be notified by our office of the date and time of your hearing. The Board allows approximately 20 minutes for your appeal. Hearings will be scheduled during the month of July in accordance with Missouri law.

A separate appeal form must be filled out for each property by parcel or account number.

Please provide evidence to substantiate your appeal, such as:

1. Recent copy of Sales Contract (5 years or less)
2. Recent copy of Appraisal (5 years or less)
3. Name and address with verification of recent sales similar to your property
4. Blueprint or outside measurements of your property
5. List of construction costs
6. If appraised value is not equal to similar property, please include the name and address of those properties
7. If Commercial, please include any income, rental, lease, expense or sales information

You may provide your evidence along with this appeal form or bring it with you to your hearing.

Return the appeal form and evidence (if providing) by one of the following methods:

MAIL	County Clerk's Office Board of Equalization PO Box 100 Hillsboro, MO 63050
FAX	(636) 797-5360
E-MAIL	countyclerk@jeffcomo.org

If you have any questions, or need assistance with these forms, please call the Secretary to the Board of Equalization at **(636) 797-5486**.

Thank you.

Ken Waller

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Jefferson County Clerk



Board of Equalization

County Clerk's Office
729 Maple St/PO Box 100
Hillsboro, MO 63050
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2022 Assessment Appeal Form *(only the current year may be appealed)*

Appellant Information

Name: _____
Property Owner/Taxpayer

Mailing Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email: _____

Agent/Attorney Information

Company: _____ Agent: _____
Name Name

Mailing Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email: _____

*Attorney is required for all corporations, partnerships, other legal entities, and trusts

Property Information

Parcel or Account #: _____

Current Classification: Agricultural Residential Commercial Personal Property Business PP

Parcel Site Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Grounds for Appeal: Overvaluation Misclassification Exemption Other

Purchase Information: _____
Price Date Improvement costs, if any Opinion of Fair Market Value

Taxpayer Signature

Signature: _____ Date: _____

*Authorization is hereby given to the above-named agent, if any, to act on the taxpayer's behalf and handle all matters relative to the appeal of this property before the Board of Equalization.

DEADLINE IS 5:00PM ON THE SECOND MONDAY IN JULY (RSMO. 137.385)