

# PROPERTY TAX APPEAL FORM

*Read directions on first page before completing*

File this appeal with the Clerk and Recorder in the County in which the property is located. File on or before the **First Monday in June or within 30 days of the time you receive your Notice of Assessment or revised assessment notice of real property subject to taxation or your Assessment list of personal property from the Montana Department of Revenue.** (for the purpose of a tax appeal, your notice of taxes due from the County Treasurer is not considered a notice of change or assessment.) You may also appeal a decision made by the Department of Revenue based upon your informal review. You must file the appeal of the outcome of the informal review conference within 30 days of the receipt of the Department of Revenue decision.



**THE FOLLOWING SECTION MUST BE COMPLETED IN FULL**

### Taxpayer Information

### Legal Description of Property

**Name of Taxpayer as shown on tax rolls:**

**Mailing Address**

**City/Town**

**County**

**Zip Code**

**Contact Phone No.**

**Alternate Phone No.**

**Lot(s)**

**Block(s)**

**Addition/Subdivision (NAME)**

**City/Town**

**Street Address**

**Was an AB-26 Form filed with the DOR?**  
 No  YES If YES/Date

**No. of Acres:**  **Section:**  **Township:**  **Range:**  **GEO Code:**

	Appraised Value set by Department of Revenue	Appraised Value as Determined by Taxpayer
Land	<input type="text"/>	<input type="text"/>
Buildings	<input type="text"/>	<input type="text"/>
Personal Property	<input type="text"/>	<input type="text"/>

**Reason for Appeal:**

Name of Taxpayer: \_\_\_\_\_

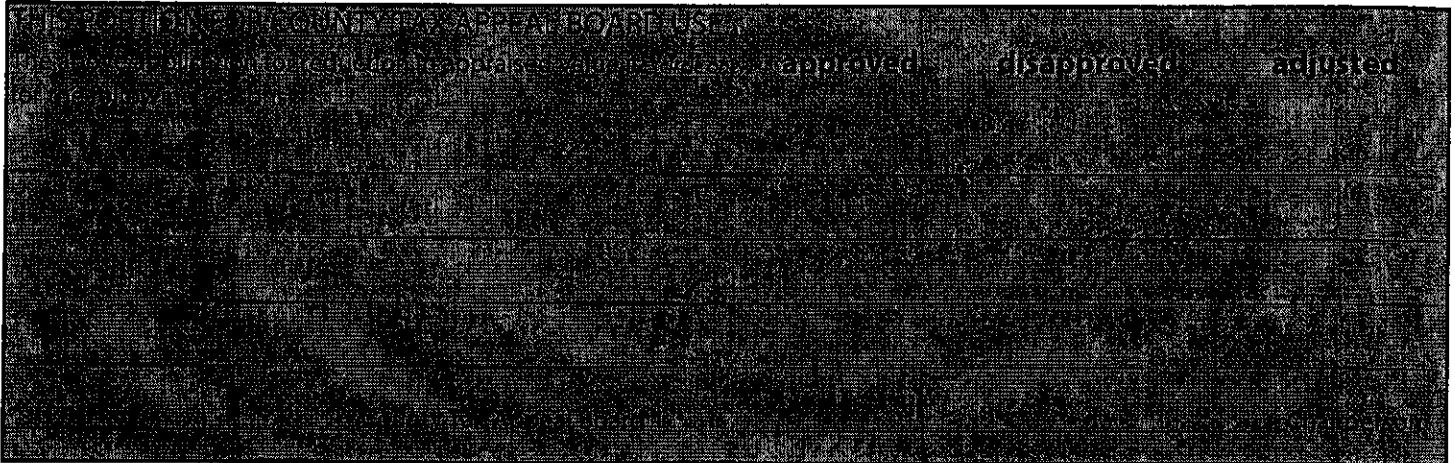
Signature of taxpayer: \_\_\_\_\_ Date:

I hereby Authorize \_\_\_\_\_ (name of agent) to represent me in this matter.

Signature of taxpayer: \_\_\_\_\_ Date:

Name of Taxpayer:

GEO Code:



**IF YOU ARE DISSATISFIED WITH THE COUNTY BOARD DECISION, COMPLETE THIS PORTION FOR APPEAL TO THE MONTANA STATE TAX APPEAL BOARD.**

DOCKET NO.:

Section 15-2-301, MCA: "If the appearance provision of the 15-15-103 have been complied with, a person or the department on behalf of the state or any municipal corporation aggrieved by action of the county tax appeal board may appeal to the state board by filing with the Montana State Tax Appeal Board a notice of appeal *within 30 calendar days after receipt of the decision of the county board*. The notice must specify the action complained of and the reasons assigned for the complaint."

I hereby appeal the action of the \_\_\_\_\_ County Tax Appeal Board, received on \_\_\_\_\_ (date) for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1209 8th Ave. - PO Box 200138 - Helena, MT 59620-0138  
Telephone Number: (406) 444-2720 - FAX Number: (406) 444-3103 - Internet: www.stab.mt.gov

**IF YOUR TAXES BECOME DUE BEFORE THIS APPEAL IS RESOLVED, THEY MUST BE PAID UNDER PROTEST, OR IT MAY NOT BE POSSIBLE TO OBTAIN A REFUND, AS PROVIDED IN SECTION 15-2-306, MCA.**