**Address** 1110 Capitol Way South, Suite 307 (P.O. Box 40915) Olympia, WA 98504-0915
**Telephone** (360) 753-5446 | **Toll-Free** (844) 880-8794 | **Fax** (360) 586-9020

**Email** bta@bta.wa.gov | **Website** bta.wa.gov

**WASHINGTON STATE
BOARD OF TAX APPEALS**

**Response/Statement of Value – Informal – Property Valuation**

|  |  |
| --- | --- |
| I respond to the Notice of Appeal of petition/appeal number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_County Board of Equalization for taxes due for Assessment Year \_\_\_\_\_\_\_\_\_ payable in \_\_\_\_\_\_\_\_\_(the following year), as follows:  | **WSBTA Docket No.** |
|  |

**Property Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parcel Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Value Set by the County Board |  | Respondent(s) Estimate of Value |
| Land | $       |  | Land | $       |
| Improvements/Buildings | $       |  | Improvements/Buildings | $       |
| Personal Property | $       |  | Personal Property | $       |
| **Total** | **$**  |  | **Total** | **$** |
| Short statement supporting Respondent’s value: (use attachment if necessary) |
|       |
|       |
|       |
|       |
|       |

|  |  |
| --- | --- |
| **Respondent Name** | Respondent/Representative Signature  |
|       |       |
| Respondent Mailing Address       | City      | State      | Zip Code      |
| Respondent Daytime or Message Telephone Number(     )      | E-Mail **(By providing an email, you agree to receive correspondence by email.)** |
|  |  |
| **Representative Name**  | Firm or Company Name; Bar Number and State |
|       |       |
| Representative Mailing Address  | City | State | Zip Code |
|       |       |       |       |
| Representative Daytime or Message Telephone Number | Representative E-Mail Address |
|       |       |

**If you would like to request this form in an alternate format, contact the Board of Tax Appeals at 360-753-5446 (voice/TDD).**

**INSTRUCTIONS**

|  |
| --- |
| 1. **Serve this Response by U.S. mail or personal delivery to the other parties to this appeal and sign the Proof of Service Certification below. See WAC 456-10-410 for information on service requirements.**
2. **Submit this Response/Statement of Value to the WSBTA by:**

Fax: 360-586-9020Email: bta@bta.wa.gov US Mail: P.O. Box 40915  Olympia, WA 98504-0915Delivery: 1110 Capitol Way South, Suite 307 Olympia WA 98504Do not include evidence with your response. You will have the opportunity to present your evidence at a later time requested by the Board of Tax Appeals. For additional information, see Chapter 456-10 of the Washington Administrative Code, or visit the WSBTA’s website at: <http://bta.wa.gov>.If you have provided an email address, you will receive all correspondence by email. Please add bta@bta.wa.gov to your spam filter. **Public Disclosure Notice:** In accordance with RCW Chapter 42.17 and WAC Chapter 456-12, information and materials submitted to the Board of Tax Appeals are considered public records and are available for public inspection and copying. |

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| --- | --- |
|  | **PROOF OF SERVICE CERTIFICATION** |
| **[ ]**  **If the Taxpayer is filing this Response:**   |
| I certify that I mailed or delivered a copy of this Response to the |  | County  |
| Assessor. |
| **[ ]**  **If the County Assessor is filing this Response:** I certify that I mailed or delivered a copy of this Response to the taxpayer. |
| **[ ]**  **If any other parties are involved in this Appeal:**   |
| I certify that I mailed or delivered a copy of this Response to the following parties, whose name, address, and telephone number are as follows: |
|  | **Name** |  | **Address** |  | **Telephone Number** |  |
|  |  |  |  |  | ( ) |  |
|  |  |  |  |  | ( ) |  |
|  |  |  |  |  | ( ) |  |
|  |  |  |  |  | ( ) |  |
|  | **Signature of Respondent or Representative** |  | **Date** |  |
|  |  |  |  / / |  |