Request for Review – Personal Property

_____ County Legislative Body

UCA §59-2-1005
Form PT-017
PT-017.ai Rev. 5/09

Business and Owner Information

Business name	Account number
Business street address	
City	State / Zip
Owner's name	Telephone number
Owner's mailing address	
City	State / Zip

Market value as shown on personal property bill_____ $ _____

Owner's estimate of market value_____ $_____

Reason for appeal

Attach supporting documentation

Office Use Only

Audit code	Date received
Appointment date and time	Received by (initials)

Taxpayer's Rights

☐ I do not wish to appear before the county legislative body. I wish to have the county legislative body's decision based on consideration of the information submitted. I understand that I retain the right to appeal to the Utah State Tax Commission If I am not satisfied.

Certification and Signature

I certify that all statements here and before the county legislative body are true, complete, and correct to the best of my knowledge. I understand that all information submitted to the county legislative body, and the decision of the county legislative body, are public record.

Signature of: ☐ Owner ☐ Other:_____ ☐ Authorization attached (if signature is from\ someone other than the owner)

X Date:

Attach documentation that establishes market value