



# 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](mailto: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:

Prior to requesting any forms or appeal hearing, it is recommended that you speak to the Assessor's Office. You can contact the Assessor's Office at (636) 797-5466.

Appeal form(s) must be typed or printed in black or blue ink and filled out **entirely**. Upon receipt of your forms you will be notified by our office of the date and time set for your hearing. The board allows approximately 20 minutes for your appeal. Please provide with your completed appeal forms, any dates in which you are unavailable. Every effort will be made to accommodate your schedule based on this information. Hearing will be scheduled prior to July 31<sup>st</sup> in accordance with Missouri law.

**\*IMPORTANT\***

A separate appeal form must be filled out for each property by parcel or account number. **Any person who wishes to distribute written testimony or evidence on his appeal should prepare Five (5) copies of all documents. One (1) for each member of the Board of Equalization, One (1) copy for the Secretary of the Board, and One (1) copy for the Assessor's Office.**

**MAIL APPEAL FORM(S) TO:**

County Clerk's Office  
Board of Equalization  
PO Box 100  
Hillsboro, MO 63050

**FAX APPEAL FORM(S) TO:**

County Clerk's Office  
Board of Equalization  
(636) 797-5360

At this hearing, you should present evidence to substantiate your appeal. Evidence 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.

If you have any questions, or need assistance with these forms, please call us at **(636) 797-5039**.

Thank you,

\_\_\_\_\_  
Ken Waller  
County Clerk

By: \_\_\_\_\_  
Deputy Clerk  
Secretary/B.O.E.

JEFFERSON COUNTY BOARD OF EQUALIZATION ASSESSMENT APPEAL FORM

County Clerk's Office  
 729 Maple Street/PO Box 100 Hillsboro, MO 63050  
 (636) 797-5039 Fax (636) 797-5360



**TYPE OR PRINT LEGIBLY IN INK**

Owner name (name that appears on assessment):			
Owners mailing Address:	City,	State	Zip code
Phone # (Home)	(Work)	(Cell)	
Real Estate Parcel #	Personal Property Account #		
Property Address:			
Property type & Use:		Property Description:	
*Agent: _____ Office # _____ Cell # _____			
Address _____ City _____ State _____ Zip code _____			
<b>IF A TAXPAYER IS REPRESENTED BY AN AGENT, WRITTEN AUTHORIZATION MUST BE ATTACHED</b>			
<b>Basis for Appeal:</b>			
<b>Opinion of Market Value as of January 1st:</b>			
<b>Purchase Price:</b>		<b>Purchase Date:</b>	
<b>Type of Sale: (Arms Length Sales Contract, Bankruptcy, Relative, Estate, etc.)</b>			
Were subsequent improvements made to property? Yes _____ No _____ Cost _____			

**At the hearing, you should present evidence to substantiate your request. Such evidence as:**

1. Recent copy 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 cost.
6. If appraised value is not equal to similar property, please include Name and Address of those properties.
7. If Commercial please include income, rental, lease, expense or sales information.

NOTE: income type property owners should submit income and expense data on forms provided.

**FORM COMPLETED BY:**

Owner: \_\_\_\_\_  
 (Print)

Owner: \_\_\_\_\_  
 (Signature)

Agent: \_\_\_\_\_

Agent: \_\_\_\_\_

For Office Use Only: Date Received \_\_\_\_\_

Appeal Number \_\_\_\_\_

Copies to: Appellant-Assessor-County Clerk



**\*\*COMMERCIAL PROPERTY APPRAISAL DATA\*\***

**MISSOURI PARCEL NUMBER**

COUNTY #	TWP.	AREA	SEC.	¼ SEC.	PARCEL #

PROPERTY ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

KNOWN AS: \_\_\_\_\_

**MARKET DATA**

LAND PURCHASE PRICE: \_\_\_\_\_ IN \_\_\_\_\_

LAND & BUILDINGS PURCHASE PRICE: \_\_\_\_\_ IN \_\_\_\_\_

**COST DATA**

	COST	YEAR	COMMENTS
SITE IMPROVEMENT			
ORIGINAL STRUCTURE			
ADDITION			
ADDITION			
REMODELING			

**INCOME DATA**

NUMBER OF UNITS	AREA	RENT PER SQ. FT/UNITS	TOTAL

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

GROSS POSSIBLE INCOME: \$ \_\_\_\_\_

VACANCY & CREDIT LOSS: \$ \_\_\_\_\_

EFFECTIVE GROSS INCOME: \$ \_\_\_\_\_

ACTUAL INCOME \$ \_\_\_\_\_

**EXPENSE DATA**

INSURANCE			
MANAGEMENT			
GAS			
WATER			
ELECTRICITY			
TRASH			
SUPPLIES			
WAGES			
ADVERTISING			
MAINTENANCE			
OTHER			
TOTAL EXPENSES			

Please furnish any further information pertinent to a fair appraisal of your property on the reverse side or on additional pages.

Jefferson County Board of Equalization  
 Agent Authorization form  
 (Type or print legibly in ink)

Authorization is hereby given for \_\_\_\_\_,  
*To act on the owner(s) behalf as agent in the appeal of the assessment of the property or properties listed below, located in Jefferson County and owned by the undersigned. The agent is given full authority to handle all matters relative to the appeal of the assessment of the tax year and to represent the undersigned, with the assistance of legal counsel, if necessary, before the Board of Equalization.*

Owner's Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone Numbers: Home: Area code ( ) \_\_\_\_\_  
 Work: Area code ( ) \_\_\_\_\_  
 Cell: Area code ( ) \_\_\_\_\_

Real Estate Parcel number(s) OR Personal Property Account number(s)	Property address (Street address, City, and zip code)

(ADDITIONAL PROPERTIES MAY BE LISTED ON PAGE 6)

Owner: \_\_\_\_\_  
 Print

Owner: \_\_\_\_\_  
 Signature

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

