

**NOTICE OF INTENTION TO APPEAL DECISION OF _____ BOARD OF EQUALIZATION
(SDCL 10-3-35)**

STATE OF SOUTH DAKOTA)	APPEAL NUMBERS:	
))	Off. of Hearing Exam.	_____
COUNTY OF _____)	County Brd of Equal	_____
TO: _____	Local Brd of Equal	_____

You are hereby notified of the intention to appeal the decision of the _____ local board of equalization to the _____ county board of equalization on the following described property:

Legal description: _____

Parcel Number: _____

Reason for appeal: _____

Hearing on this matter will be held at _____ at _____ (am) (pm) on the _____ day of _____, 20__.

Dated at _____, South Dakota, this _____ day of _____ 20__

By _____
(director of equalization or aggrieved taxing entity)

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION

I, _____ make the following recommendation for the current year on the above stated property:

Abstract Type _____	Assessors Value	Local Board	Classif.		Assessor's Recommend.	
	From	To	From	To	Value	Classif.
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____	_____

Signature _____

This notice shall be filed with county auditor and copies mailed to property owner and local board on or before third Tuesday in April.

PT 16 (6/04)
Original: Director of Equalization
Copies to: County Auditor
 Property Owner
 Local Board