

**OBJECTION TO REAL PROPERTY ASSESSMENT  
(SDCL 10-11-13 thru SDCL 10-11-42)**

COUNTY OF \_\_\_\_\_

APPEAL NUMBERS:  
Off. of Hearing Exam. \_\_\_\_\_

TO BE COMPLETED BY PROPERTY OWNER:  
Assessed in name of: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

County Brd of Equal \_\_\_\_\_

Phone No. \_\_\_\_\_

Local Brd of Equal \_\_\_\_\_

Legal description of property being appealed (Include lot, block, addition and city or section, township and range): \_\_\_\_\_

**(USE SEPARATE FORM FOR EACH LEGAL DESCRIPTION - IF BARE AGRICULTURAL LAND - MAY USE PT 17A)**

Parcel Number: \_\_\_\_\_  
I am appealing the \_\_\_\_\_ property value \_\_\_\_\_ abstract class  
\_\_\_\_\_ exempt status \_\_\_\_\_ owner-occupied status

Reason(s) for appealing: \_\_\_\_\_

I believe the correct full and true value of said property on legal assessment date was:

\$ \_\_\_\_\_ (total value) \$ \_\_\_\_\_ land value \$ \_\_\_\_\_ building value  
OATH: I do solemnly swear that all statements made herein are to the best of my knowledge, true and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Taxpayer/Taxpayer Attorney)

**TO BE COMPLETED BY LOCAL BOARD OF EQUALIZATION - ACTION BY LOCAL BOARD OF EQUALIZATION:**

No Change to Assessor's Value \_\_\_\_\_ Changed Classification \_\_\_\_\_ Changed Valuation \_\_\_\_\_

Abstract Type	Assessors Value		Local Board		Classification	
	From	To	To	From	To	To
_____	\$ _____	_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____	_____
	Signature _____		Jurisdiction _____			

**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	To	From	To	Value	Classif	
_____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
_____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
_____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
_____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
_____	\$ _____	_____	\$ _____	_____	_____	_____	_____	
			Signature _____					

**TO BE COMPLETED BY COUNTY BOARD OF EQUALIZATION  
FINAL VALUE BY COUNTY BOARD OF EQUALIZATION:**

Abstract Type	To	Classification	
		From	To
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Signature \_\_\_\_\_  
County Auditor

PT 17 (5/98)

Original: OHE (if appealed to that body)

Second copy: to assessor (if appealed to county board)

First copy: retained by county (if appealed to county board)

Third copy: to objector (after action by local board)