



**FOR OFFICIAL USE ONLY
DO NOT WRITE IN THIS
SPACE**

ER#: _____

FEE AMT.: _____

**APPEAL TO THE STATE BOARD OF EQUALIZATION
FROM INITIAL DETERMINATION OF EXEMPTION FROM
PROPERTY TAXES**

Property located in _____ County

This form **COMPLETELY FILLED IN, SIGNED, AND NOTARIZED**, and filed in **TRIPPLICATE** (original and 2 copies) with the appropriate fee and submitted to the State Board of Equalization by any applicant for property tax exemption or Assessor of Property desiring to appeal to the State Board.

Return to: State Board of Equalization
9TH FLOOR, W.R. SNODGRASS TN TOWER
312 ROSA L. PARKS AVENUE
NASHVILLE, TN 37243-1102
PHONE (615) 401-7883

TYPE OF PROPERTY (Mark one): () REAL PROPERTY () PERSONAL PROPERTY

Assessor's Property Identification Number

PROPERTY ASSESSOR'S IDENTIFICATION					
Control Map	Group	Parcel	Property Identifier	Special Interest	Acres

1. Name of organization (as listed on application): _____

Mailing address: _____

Box Number		Street/Route	
_____	_____	_____	_____
City	State	Zip	Telephone w/area code

2. Physical location of property: _____

Street or Route Number (*No P.O. Boxes)

_____	_____	_____
City	State	Zip Code

3. Name and mailing address of (a) attorney or (b) organizational representative for the appellant in this proceeding: _____

Box Number		Street/Route	
_____	_____	_____	_____
City	State	Zip	Telephone w/area code

4. **Based on the information previously submitted**, explain why you think the decision of the Exemption Designee was in error? (submit attachment if necessary)

I, _____, do hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.
Date _____ Signature _____

Sworn to and subscribed before me this _____ day of _____, _____.

My Commission expires

Notary Public