**Address** 1110 Capitol Way South, Suite 307 (P.O. Box 40915) Olympia, WA 98504-0915  
**Telephone** (360) 753-5446 | **Toll-Free** (844) 880-8794 | **Fax** (360) 586-9020

**Email** [bta@bta.wa.gov](mailto:bta@bta.wa.gov) | **Website** bta.wa.gov

**WASHINGTON STATE   
BOARD OF TAX APPEALS**

**Response/Statement of Value – Informal – Property Valuation**

|  |  |
| --- | --- |
| I respond to the Notice of Appeal of petition/appeal number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_County Board of Equalization for taxes due for Assessment Year \_\_\_\_\_\_\_\_\_ payable in \_\_\_\_\_\_\_\_\_(the following year), as follows: | **WSBTA Docket No.** |
|  |

**Property Owner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parcel Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Value Set by the County Board | |  | Respondent(s) Estimate of Value | | |
| Land | $ |  | Land | $ | |
| Improvements/Buildings | $ |  | Improvements/Buildings | $ | |
| Personal Property | $ |  | Personal Property | $ | |
| **Total** | **$** |  | **Total** | **$** | |
| Short statement supporting Respondent’s value: (use attachment if necessary) | | | | |
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| --- | --- | --- | --- | --- | --- |
| **Respondent Name** | Respondent/Representative Signature | | | | |
|  |  | | | | |
| Respondent Mailing Address | City | | State | | Zip Code |
| Respondent Daytime or Message Telephone Number  (     ) | E-Mail **(By providing an email, you agree to receive correspondence by email.)** | | | | |
|  |  | | | | |
| **Representative Name** | Firm or Company Name; Bar Number and State | | | | |
|  |  | | | | |
| Representative Mailing Address | City | State | | Zip Code | |
|  |  |  | |  | |
| Representative Daytime or Message Telephone Number | Representative E-Mail Address | | | | |
|  |  | | | | |

**If you would like to request this form in an alternate format, contact the Board of Tax Appeals at 360-753-5446 (voice/TDD).**

**INSTRUCTIONS**

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| 1. **Serve this Response by U.S. mail or personal delivery to the other parties to this appeal and sign the Proof of Service Certification below. See WAC 456-10-410 for information on service requirements.** 2. **Submit this Response/Statement of Value to the WSBTA by:**   Fax: 360-586-9020  Email: [bta@bta.wa.gov](mailto:bta@bta.wa.gov)  US Mail: P.O. Box 40915  Olympia, WA 98504-0915  Delivery: 1110 Capitol Way South, Suite 307  Olympia WA 98504  If you have provided an email address, you will receive all correspondence by email. Please add bta@bta.wa.gov to your spam filter.  **Public Disclosure Notice:** In accordance with RCW Chapter 42.17 and WAC Chapter 456-12, information and materials submitted to the Board of Tax Appeals are considered public records and are available for public inspection and copying. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **PROOF OF SERVICE CERTIFICATION** | | | | | | | |
| **If the Taxpayer is filing this Response:** | | | | | | | | | |
| I certify that I mailed or delivered a copy of this Response to the | | | | |  | | | County | |
| Assessor. | | | | | | | | | |
| **If the County Assessor is filing this Response:**  I certify that I mailed or delivered a copy of this Response to the taxpayer. | | | | | | | | | |
| **If any other parties are involved in this Appeal:** | | | | | | | | | |
| I certify that I mailed or delivered a copy of this Response to the following parties, whose name, address, and telephone number are as follows: | | | | | | | | | |
|  | **Name** | |  | **Address** | |  | **Telephone Number** | |  |
|  |  | |  |  | |  | ( ) | |  |
|  |  | |  |  | |  | ( ) | |  |
|  |  | |  |  | |  | ( ) | |  |
|  |  | |  |  | |  | ( ) | |  |
|  | **Signature of Respondent or Representative** | | | | |  | **Date** | |  |
|  |  | | | | |  | / / | |  |