



BANNOCK COUNTY 2025

Sub-roll and Occupancy Assessed Value Appeal Form

A copy of the Assessment Notice **MUST**
accompany this application.

THIS FORM MUST BE RECEIVED OR POSTMARKED BY 5:00 PM ON THE DATE INDICATED ON THE ASSESSMENT NOTICE.

Mail, Email, Fax, or deliver
COMPLETED form
(Appeal form and copy of
Assessment Notice) to:

Bannock County Commissioners
624 E. Center Street, Rm. 101
Pocatello, ID 83201

Email: boe@bannockcounty.gov
Fax: 208-236-7363
Phone: 208-236-7496

Please email your completed form to boe@bannockcounty.gov

Appellant Information

PLEASE PRINT LEGIBLY

Owner's Name _____ Owner's Phone: _____
Mailing Address _____ City _____ State _____ Zip _____
Email Address _____
Who will represent the Appellant before the Board of Equalization? Appellant _____ Other _____
If "Other", Name _____ Contact's Phone _____
Preferred Method of Contact: Email _____ Phone (call) _____

Property Information

Parcel ID Number: _____ (If you are appealing more than one parcel, please submit a written testimony. The Board of Equalization will review your testimony and a decision will be mailed to you in a Notice of Action letter.)

Property's total purchase price (optional): \$ _____ Date property was purchased: _____ / _____ / _____
Month Date Year

Assessor's appraised market value: \$ _____ Taxpayer's opinion of market value: \$ _____

Property type: Residential **Y/N** Commercial **Y/N** Do you rent this property? **Y/N**

Factual or legal reason for this appeal: Why do you believe the market value is incorrect? (Attach supplemental documentation. Use additional pages if necessary.)

Signature: _____ Date: _____

This appeal must fall within the guidelines of Idaho Code §63-604. Appeals must be based on owner's belief that there is a discrepancy in the Assessor's Assessed Value; not because of taxes. Due to time constraints imposed by Idaho Code §63-501, your appeal date & time will automatically be set and is not subject to change.