

APPEAL FORM

DeKalb County Property Appraisal Department
 120 West Trinity Place
 Decatur, GA 30030

Tax Year:	
Parcel/Property ID Number:	
Property Address:	
Owner Name:	
Email Address:	
Daytime Phone Number:	
Are you the Owner or an Agent:	
Current Year Value:	
Taxpayer's Estimate of Value:	
Rental property? Yes or No	
If yes, what is the monthly rent?	
Purchase Date and Price if after Jan 1 of current year:	
Please indicate the avenue of appeal you are requesting. You may select only ONE:	
BOARD OF EQUALIZATION _____	(Free)
NON-BINDING ARBITRATION _____	(Additional Fees will be required)
HEARING OFFICER _____	Properties over \$1 Million, no Homestead Exemption, Add'l Fees will be required)
<p>Please read the Temporary Billing Value document. If you do not specify to us your preference, we will use Option 1. (Please pick one) Option 1 _____ or Option 2 _____</p>	
<p>What is the basis of your appeal? (Circle all that apply)</p>	
<p>Taxability Uniformity of Assessment Value Exemption Denial</p>	
<p>Comments (attach additional sheets as necessary):</p>	

(Signature)

(Date)