Request for Review – Personal Property

_____ County Legislative Body

UCA §59-2-1005
Form PT-017
PT-017.ai Rev. 5/09

Business and Owner Information

Business name	Account number	
Business street address		
City	State	Zip
Owner's name	Telephone number	
Owner's mailing address		
City	State	Zip

Market value as shown on personal property bill_____ $ _____

Owner's estimate of market value_____ $_____

Reason for appeal

Attach supporting documentation

Office Use Only

Audit code	Date received
Appointment date and time	Received by (initials)

Taxpayer's Rights

☐ I do not wish to appear before the county legislative body. I wish to have the county legislative body's decision based on consideration of the information submitted. I understand that I retain the right to appeal to the Utah State Tax Commission If I am not satisfied.

Certification and Signature

I certify that all statements here and before the county legislative body are true, complete, and correct to the best of my knowledge. I understand that all information submitted to the county legislative body, and the decision of the county legislative body, are public record.

Signature of: ☐ Owner ☐ Other:_____ ☐ Authorization attached (if signature is from\ someone other than the owner)

X _____ Date: _____

Attach documentation that establishes market value