

OBJECTION TO REAL PROPERTY ASSESSMENT OF BARE AGRICULTURAL LAND ONLY (SDCL 10-11-13 thru SDCL 10-11-42)

COUNTY OF _____

TO BE COMPLETED BY PROPERTY OWNER:
 Assessed in name of: _____
 Mailing address: _____
 Phone No. _____

APPEAL NUMBERS:
 Off. of Hearing Exam. _____
 County Brd of Equal _____
 Local Brd of Equal _____

Listed below are the parcels that I am appealing the full & true valuation. These are BARE AGRICULTURAL LAND, with no buildings involved. The reason I am appealing the properties stated below is because: _____

Parcel No.	Legal Description & Number of Acres	I believe the correct true and full value to be (val/acre):
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____
(8) _____	_____	_____
(9) _____	_____	_____
(10) _____	_____	_____
(11) _____	_____	_____
(12) _____	_____	_____
(13) _____	_____	_____
(14) _____	_____	_____

OATH: I do solemnly swear that all statements made herein are to the best of my knowledge, true and correct.

Date _____ Signature _____ (Taxpayer/Taxpayer Attorney)

TO BE COMPLETED BY LOCAL BOARD OF EQUALIZATION - ACTION BY LOCAL BOARD OF EQUALIZATION:

Parcel No.	Assessors Value	Local Board	Parcel No.	Assessors Value	Local Board
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

Signature _____ Jurisdiction _____

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION

I, _____ make the following recommendation for the current year on the above stated property:

Parcel No.	Assessors Val. From	Local Board To	Assessors Recommend.	Parcel No.	Assessors Val. From	Local Board To	Assessors Recommend.
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____

TO BE COMPLETED BY COUNTY BOARD OF EQUALIZATION FINAL VALUE BY COUNTY BOARD OF EQUALIZATION:

Parcel No.	County Board Value	Parcel No.	County Board Value	Parcel No.	County Board Value	Parcel No.	County Board Value
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____

Signature _____ County Auditor

PT 17A (6/04)
 Original: OHE (if appealed to that body)
 First copy: retained by county (if appealed to county board)
 Second copy: to assessor (if appealed to county board)
 Third copy: to objector (after action by local board)