

**OBJECTION TO REAL PROPERTY
ASSESSMENT (SDCL 10-11-13 thru
SDCL 10-11-42)**

COUNTY OF Lincoln

TO BE COMPLETED BY PROPERTY OWNER:
Assessed in name of: Quien Rentals
Mailing address: 107 E Willow
Phone No. 605 321-2976

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

Legal description of property being appealed (Include lot, block, addition and city or section, township and range): 2707601003

(USE SEPARATE FORM FOR EACH LEGAL DESCRIPTION - IF BARE AGRICULTURAL LAND - MAY USE PT 17A)

Parcel Number: _____
I am appealing the property value _____ abstract
class _____ exempt status _____ owner-occupied status _____

Reason(s) for appealing: _____

I believe the correct full and true value of said property on legal assessment date was:

\$ TBD (total value) \$ _____ land value \$ _____ building value
OATH: I do solemnly swear that all statements made herein are to the best of my knowledge, true and correct.

Date 3-15-16 Signature Mitch Quien
(Taxpayer/Taxpayer Attorney)

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

No Change to Assessor's Value Changed Classification Changed Valuation

Abstract Type	Assessors Value		Local Board		Classification	
	From	To	From	To	From	To
Abstract Type _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
	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:

Abstract Type	Assessors Value Recommend. From	Local Board To	Classif.		Assessor's Value
			From	To	
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____
Abstract Type _____	\$ _____	\$ _____	_____	_____	_____
			Signature _____		

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

Abstract Type	To	Classification	
		From	To
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____
Abstract Type _____	\$ _____	_____	_____

Signature _____ County Auditor