A copy of the Recovery Notice <u>must</u> accompany this application.

THIS FORM MUST BE RECEIVED WITHIN 30 DAYS FROM THE DATE OF NOTICE

EMAIL, MAIL, FAX OR DELIVER FORM TO: Ada County Commissioners' Office 200 W Front St. 3rd fl. Boise, ID 83702

Email: BOCC1@adacounty.id.gov Fax: (208) 287-7009

QUESTIONS? CONTACT: Ada County Assessor's Office 190 E Front St. Suite 107. Boise, ID 83702 Phone: (208) 287-7200

- APPELLANT INFORMATION ———— 1. Appellant is: Individual Partnership Corporation Trustee Estate Administrator/Personal Representative 2. Owner's Name ______ 3. Owner's Phone _____ Mailing Address ______ 5. Email: _____ Who will represent the appellant before the Board of County Commissioners: Yourself Attorney Company Officer Trustee Estate Administrator/Personal Representative 8. Contact's Phone Name (if different from owner) (if different from owner) 10: Email: 9. Mailing Address (if different from owner) PROPERTY INFORMATION — 11. Parcel # (one parcel per form) (from Recovery notice; left side of page above owner's name) 12. Property Address 13. Property's total purchase price \$ ______ 14. Date property was purchased ____/__ Mo/Day/Yr 15. Date property was occupied as your primary domicile / / 16. Do you wish to present oral testimony before the board? No 17. Factual or legal reason for this appeal (use additional pages, if necessary)