



# Appeals Coordinator

## Office of the County Administrator

1325 Pearl Street, Old County Courthouse, 1<sup>st</sup> Floor Information Desk • Boulder, Colorado 80302 • (303).441-4590  
Mailing Address: P.O. Box 471 • Boulder, Colorado 80306 • [boe@bouldercounty.org](mailto:boe@bouldercounty.org)

### PETITION FOR ARBITRATION FROM A DECISION OF THE BOULDER COUNTY BOARD OF EQUALIZATION

- 1) \_\_\_\_\_ is the Property Owner or  
Authorized Tenant of property located in Boulder County, Colorado, with  
an address of \_\_\_\_\_,  
an account name of \_\_\_\_\_, and  
an account number of \_\_\_\_\_.
- 2) I received a written decision from the Boulder County Board of Equalization (BOE) regarding my  
property tax appeal and wish to appeal that decision by submitting the appeal to binding arbitration,  
pursuant to C.R.S. §39-8-108.5. **I have attached a copy of the decision letter from the BOE.**
- ☐ I request that the value be changed to \$\_\_\_\_\_.
- The current actual value, as determined by the BOE, is \$\_\_\_\_\_.
- ☐ I request that the classification be changed to\_\_\_\_\_.
- The current classification, as determined by the BOE, is\_\_\_\_\_.
- My reasons for this change (attach separate pages if necessary):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_.
- 3) I understand that I must choose an arbitrator from the list maintained by the Appeals Coordinator  
within thirty (30) days of that list being made available to me.
- 4) I understand that a hearing must occur within sixty (60) days of the date the arbitrator is selected,  
unless the parties waive this deadline in writing.
- 5) I understand that I must exchange with the Board of Equalization:
- All evidence and the names of witnesses that I intend to present at the hearing at least  
ten (10) business days prior to the hearing; and
  - Any reply or rebuttal evidence and witnesses at least 3 business days prior to the  
hearing.

Any evidence that I do not timely exchange will not be considered by the arbitrator, unless agreed to  
by the parties and accepted by the arbitrator. The arbitrator, at his or her discretion, may request  
additional information.

(Continued on next page)

- 6) I understand that the decision of the arbitrator is final and cannot be appealed.
- 7) I understand that the arbitrator's fees and expenses may be assessed against me as part of the arbitrator's decision. If fees and expenses are assessed against me, they will first be deducted from my deposit. If a balance is remaining, I agree to pay this balance within 30 days of the date of the arbitrator's decision, unless I make other arrangements with the arbitrator.
- 8) I understand that, if I choose, I may be represented at the hearing.

☐ I plan to be represented at the arbitration by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

- 9) **I understand that a deposit, in the form of a check or money order made payable to Boulder County, must be submitted with this Petition.** If this is a residential case, the deposit shall be in the amount of \$150.00. If this is any other type of case, including a classification dispute, the deposit shall be in the amount of \$500.00. I understand that if I settle or withdraw this Petition, the Board of Equalization will retain one-half of this deposit unless the property is classified as residential, in which case the entire amount will be refunded. I further understand that if the arbitrator assesses fees and expenses against me, the deposit will be applied toward the payment of such expenses and fees. Any balance will be returned to me. In the case of nonresidential appeals, I understand that the arbitrator's expenses and fees may exceed the deposit, depending upon the amount of time spent by the arbitrator on the appeal.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Print Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Mail your completed form and check via Certified USPS mail to:**  
**Appeals Coordinator**  
**P.O. Box 471**  
**Boulder, CO 80306**