



Appeals Coordinator
Office of the County Administrator

1325 Pearl Street, Old County Courthouse, 1st Floor Information Desk • Boulder, Colorado 80302 • 303.441.4590
Mailing Address: P.O. Box 471 • Boulder, Colorado 80306 • boe@bouldercounty.gov

BOULDER COUNTY BOARD OF EQUALIZATION
ARBITRATION PETITION

Date: _____

Property Owner(s): _____

Account Number: _____

Property Address: _____
street address

city, state, and zip code

Agent (if applicable): _____

Agent Email Address: _____

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 \$ _____

(If applicable) I request that the classification be changed to _____

The current classification as determined by the BOE _____

My reasons for this request (attach separate pages if necessary):

1. 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.
2. I understand that a hearing must occur within sixty (60) days of the date the arbitrator is selected.
3. I understand that I must submit to the appeals coordinator, boe@bouldercounty.gov
 - a. 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
 - b. Any reply or rebuttal evidence and witnesses at least 3 business days prior to the hearing.
4. 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.
5. I understand that the decision of the arbitrator is final and cannot be appealed.
6. 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.

- 7. I understand that, if I choose, I may be represented at the hearing.
- 8. 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.

Signature of Property Owner or Authorized Agent: _____

Contact Information:

Name: _____

Email Address: _____

Mailing Address: _____

street address

city, state, and zip code

Phone Number: _____

Mail your completed form and check (consider Certified USPS mail to track) to:

Appeals Coordinator
BOE
P.O. Box 471
Boulder, CO 80306