



# Appeals Coordinator

A Division of Administrative Services Department

Old County Courthouse • 1325 Pearl Street • Boulder, Colorado 80302 • Tel: 303.441.4590

Mailing Address: P.O. Box 471 • Boulder, Colorado 80306 • [www.bouldercountyboe.org](http://www.bouldercountyboe.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 the value to be changed to \$ \_\_\_\_\_.

The current actual value, as determined by the BOE, is \$ \_\_\_\_\_.

I request the classification to 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 I must choose an arbitrator from the list maintained by the Appeals Coordinator within 30 days of that list being made available to me.

4) I understand a hearing must occur within 60 days of the date the arbitrator is selected, unless the parties waive this deadline in writing.

5) I understand I must exchange with the Board of Equalization; a. All evidence and the names of witnesses I intend to present at the hearing at least 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.

Any evidence 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) **Petition for Arbitration (continued)**

6) I understand the decision of the arbitrator is final and cannot be appealed.

7) I understand 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 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 a deposit, in the form of a check or money order 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, 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, 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 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: \_\_\_\_\_