

TO BE FILED WITH
THE COUNTY
CLERK

Property Valuation Protest

and Report of County Board of Equalization Action

FORM
422

- All attachments to this protest must be filed in triplicate
- Read instructions on reverse side

County Name _____

NAME AND MAILING ADDRESS OF PERSON FILING PROTEST		Protest Number	Filed _____, 20____
Name		Protested Valuation 20	Requested Valuation
Street or Other Mailing Address		Land \$	Land \$
City, Town, or Post Office	State	Buildings \$	Buildings \$
Zip Code		Total Land and Buildings \$	Total Land and Buildings \$
Property Identification Number	Telephone Number ()	Personal Property \$	Personal Property \$
Real Property Description (Include Lot, Block, Addition, Location Address, Section, Township, Range, and County) and/or Personal Property Description		Reasons for requested valuation change (attach additional pages if needed):	

**sign
here**

Signature of Person Filing Protest _____

Date _____

Assessor's Recommendation	Referee's Recommendation (if Applicable)

Decision of County Board of Equalization for Assessment Year 20____

Basis for Action Taken (County Board of Equalization Chairperson)

Land \$
Buildings \$
Total Land and Buildings \$
Personal Property \$

Check One:

If checked, the assessor has certified to the county board of equalization that a copy of that portion of the property record file which substantiates the calculation of the protested value is maintained in the assessor's office in electronic or paper form.

Attached is a copy of that portion of the property record file which substantiates the calculation of the protested value.

Signature of County Board Chairperson _____

Date _____

County Clerk Certification

Date Protest was Heard

Date of Decision

Date Notice of Decision Mailed to Protestor

The undersigned certifies that a copy of this protest and report of the action of the county board of equalization, which has been accepted by the assessor, has been mailed to the protestor at the above-shown address on _____, 20____.

Signature of County Clerk _____

Date _____

Authorization by Section 77-1502

Nebraska Department of Property Assessment & Taxation
Form No. 96-199-00 Rev. 12-2004 Supersedes 96-199-00 Rev. 7-03

COUNTY BOARD OF EQUALIZATION – White Copy

ASSESSOR – Canary Copy

TAXPAYER – Pink Copy