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Rutherford County Board of Equalization Murfreesboro, Tennessee 37130 Session Begins Wednesday June 1, 2016

Information for Commercial Real Property Appeal to the Rutherford County Board of Equalization

Please contact the Property Assessor's Office to schedule an appointment with the County Board of Equalization. Appeals are scheduled individually per parcel. To assist in the resolution of your Appeal, the following information should be submitted to the County Board of Equalization via the Property Assessor's Office. All information should be submitted ten business days prior to your scheduled appeal hearing date.

- 1. Complete the Appellant Hearing Form that is attached.
- 2. Provide written authorization for any agent to act on taxpayer's behalf.
- 3. Provide evidence of any improvements or renovations within the previous four years to the original building including costs, dates of improvements were made.
- 4. Provide any and all independent property appraisals, comparable market sale data and/or valuations made on the subject property in the previous four years.
- 5. Provide a declarations page and proof of casualty insurance for the disputed property.
- 6. Provide all income and expense statements, audited and signed by Property Owner, Owner's CPA firm or Company accountant, for the previous three years.
- 7. Provide audited rent rolls verified by the owner's CPA and any rental surveys on market in question. Provide any executed leases in prior three years and copies of current leases.
- 8. Provide any current sale, lease or marketing information regarding the property in dispute.

Property Address	

Rutherford County Commercial Appellant Hearing Form

Tax Year	Date:	
Map Group Parcel		Account #:
Apellant Name:		Owner:
Representative Name:		Phone Name:
Property Address:		
Mailing Address (For Correction Only):		
County's Values:		
Land Value:	Owner's Opinion of Value:	
Imp Value:	Sale Date:	Sale Price:
Total:		
Was there a recent appraisal? YES	NO	Date & Amount:
Purpose of the Appraisal:		
Amount of Fire Insurance:	Cost of Construct	ion: Date:
Complaint:		

PLEASE ATTACH ANY AND ALL APPLICABLE INFORMATION PERTAINING TO INCOME, EXPENSES, OR COMPARABLE SALES.