



Rob Mitchell
ASSESSOR OF PROPERTY
RUTHERFORD COUNTY
319 NORTH MAPLE STREET · SUITE 200
MURFREESBORO, TENNESSEE 37130
TELEPHONE: (615) 898-7750 · FAX: (615) 896-2759

Rutherford County Board of Equalization
Murfreesboro, Tennessee 37130
Session Begins Monday June 2, 2014

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.

I hereby acknowledge receipt of this request for information:

Signature of Property Owner or Representative

Date

Property Address

Map-Group-Parcel

Account #

Rutherford County Commercial Appellant Hearing Form

Tax Year _____ Date: _____

Map _____ Group _____ Parcel _____ Account #: _____

Appellant Name: _____ Owner: _____

Representative Name: _____ Phone Number: _____

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 Construction: _____ Date: _____

Complaint: _____

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