



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, TN 37130

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

1. The request must be in writing and state the specific grounds upon which relief is requested.
2. Written authorization for any agent to act on taxpayer behalf.
3. Provide evidence of any improvements or renovations within the previous four years to the original building including costs, dates of improvements and by whom 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 four 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 four years and copies of current leases.
8. Provide any current sale, lease or marketing information regarding the property in dispute.

All requested information should be submitted on or before June 18, 2013 to:

Rob Mitchell
Assessor of Property
Rutherford County
319 North Maple St., Suite 200
Murfreesboro, TN 37130

Thank You,

Rob Mitchell
Assessor of Property
Rutherford County

Rutherford County Commercial Appellant Hearing Form

Tax Year _____

Appellant Name: _____

Owner: _____ Representative: _____

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**