



NOTICE OF ASSESSMENT / CHANGE (By An Assessing Official)

State Form 21521 (R6 / 6-09)

Prescribed by the Department of Local Government Finance

FORM 113 / PP

ASSESSMENT DATE
MARCH 1, 20____

Notice to the taxpayer of the Opportunity to Appeal (IC 6-1.1-15-1):

If a taxpayer does not agree with the action of the assessing official giving this notice, the County Property Tax Assessment Board of Appelas will review that action if you file a notice in writing with the Township Assessor (if any) or the County Assessor within forty-five (45) days of the mailing of this notice. This written notice should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name of taxpayer
Address (number and street, city, state, and ZIP code)

You are hereby notified that the undersigned assessing official has taken the action described below with regard to the following property:

LOCATION OF PROPERTY		
County	Township	Taxing district
Address where property is located (number and street, city, and ZIP code)		

DESCRIPTION OF PROPERTY
<input type="checkbox"/> Farmer's Personal Property (Form 102) <input type="checkbox"/> Business Personal Property (Form 103)

ACTION
<input type="checkbox"/> Assessed value before deductions has been changed from \$ _____ to \$ _____ . <input type="checkbox"/> Assessed value of a deduction was changed from \$ _____ to \$ _____ . <input type="checkbox"/> Failure to file required assessment return. Assessment has been estimated to be \$ _____ . <input type="checkbox"/> Other (explain) _____ _____

REASON(S) FOR ACTION
<input type="checkbox"/> Failure to file required assessment return. You have the right to file an assessment return within 30 days of the first notice. (IC 6-1.1-3-15) <input type="checkbox"/> Mathematical error (describe below) <input type="checkbox"/> Omitted property (describe below) <input type="checkbox"/> Mandatory or allowable adjustment not properly computed or disallowed: (describe and state below) <input type="checkbox"/> Abnormal obsolescence adjustment disallowed [be sure to specify reason(s)] <input type="checkbox"/> Exemption disallowed (describe and give reasons): <input type="checkbox"/> In-whole <input type="checkbox"/> In-part <input type="checkbox"/> Industrial waste control equipment not certified by <input type="checkbox"/> Air pollution control equipment not qualified Department of Environmental Management <input type="checkbox"/> Other _____

Description or reasons (attach additional sheet if necessary)	
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Date of this notice (month, day, year)	Name (print)
Telephone number ()	Signature
Address (number and street, city, state, and ZIP code)	