DOUGLAS COUNTY
ASSESSOR'S OFFICE COLORADO

Lisa Frizell, Douglas County Assessor
301 Wilcox St. | Castle Rock, CO 80104
Office: 303.660.7450 Fax: 303.479.9751

PETITION FOR ABATEMENT OR REFUND OF TAXES

Section I: Petitioner, please complete Section I only.

Date: _____ Date Received_____
Month Day Year

Petitioner's Name: _____

Petitioner's Mailing Address: _____

_____
City or Town State Zip Code

SCHEDULE OR PARCEL NUMBER(S) **PROPERTY ADDRESS OR LEGAL DESCRIPTION OF PROPERTY**

_____ _____

_____ _____

_____ _____

Petitioner requests an abatement or refund of the appropriate taxes and states that the taxes assessed against the above property for the property tax year _____ are incorrect for the following reasons: (Briefly describe why the taxes have been levied erroneously or illegally, whether due to erroneous valuation, irregularity in levying, clerical error, or overvaluation. Attach additional sheets if necessary.)

Petitioner's estimate of value: **$**_____ (_____) **and $**_____ (_____)
Value Year Value Year

I declare, under penalty of perjury in the second degree, that this petition, together with any accompanying exhibits or statements, has been prepared or examined by me, and to the best of my knowledge, information, and belief, is true, correct, and complete.

_____ Daytime Phone Number (____) _____
Petitioner's Signature

Email_____

By_____ Daytime Phone Number (_____) _____
Agent's Signature* **LETTER OF AGENCY REQUIRED**

Printed Name: _____ Email_____

If the Board of County Commissioners, pursuant to § 39-10-114(1), C.R.S., or the Property Tax Administrator, pursuant to § 39-2-116, C.R.S., denies the petition for refund or abatement of taxes in whole or in part, the Petitioner may appeal to the Board of Assessment Appeals pursuant to the provisions of § 39-2-125, C.R.S., within thirty days of the entry of any such decision, § 39-10-114.5(1), C.R.S.

Section II:

Assessor's Recommendation

(For Assessor's Use Only)

	Tax Year _____			Tax Year _____		
	Actual	**Assessed**	**Tax**	**Actual**	**Assessed**	**Tax**
Original	_____	_____	_____	_____	_____	_____
Corrected	_____	_____	_____	_____	_____	_____
Abate/Refund	_____	_____	_____	_____	_____	_____

☐ **Assessor recommends approval as outlined above.**

If the request for abatement is based upon the grounds of overvaluation, no abatement or refund of taxes shall be made if an objection or protest to such valuation has been filed and a Notice of Determination has been mailed to the taxpayer, § 39-10-114(1)(a)(I)(D), C.R.S.

Tax year: _____ **Protest?** ☐ **No** ☐ **Yes** **(If a protest was filed, please attach a copy of the NOD.)**
Tax year: _____ **Protest?** ☐ **No** ☐ **Yes** **(If a protest was filed, please attach a copy of the NOD.)**

☐ **Assessor recommends denial for the following reason(s):**

_____
Assessor's or Deputy Assessor's Signature