



Office of the County Assessor  
 Lisa Frizell, Assessor  
 Phone 303-660-7450  
 Fax 303-479-9751

301 Wilcox Street  
 Castle Rock, CO 80104

**PETITION FOR ABATEMENT OR REFUND OF TAXES**

County \_\_\_\_\_

Date Received \_\_\_\_\_

Use Assessor's or Commissioners' Date Stamp

**Section I: Petitioner, please complete Section I only.**

Date: \_\_\_\_\_  
 Month Day Year

E-MAIL \_\_\_\_\_

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 states that the taxes assessed against the above property for property tax years \_\_\_\_\_ are incorrect for the following reasons:  
 (Briefly describe the circumstances surrounding the incorrect value or tax. Attach additional sheets if necessary.)

Petitioner's estimate of actual value \$ \_\_\_\_\_ ( \_\_\_\_\_ ) and \$ \_\_\_\_\_ ( \_\_\_\_\_ )  
 Value Year Value Year

Petitioner requests an abatement or refund of the appropriate taxes.

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**

By \_\_\_\_\_  
 Daytime Phone Number ( \_\_\_\_\_ )  
**Agent's Signature\***

\*Letter of agency must be attached when petition is submitted.

If the board of county commissioners, pursuant to section 39-10-114(1), or the property tax administrator, pursuant to section 39-2-116, 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 section 39-2-125 within thirty days of the entry of any such decision. §39-10-114.5(1), C.R.S.

	Tax Year _____			Tax Year _____		
	<u>Actual</u>	<u>Assessed</u>	<u>Tax</u>	<u>Actual</u>	<u>Assessed</u>	<u>Tax</u>
Original	_____	_____	_____	_____	_____	_____
Corrected	_____	_____	_____	_____	_____	_____
Abate/Refund	_____	_____	_____	_____	_____	_____

Assessor recommends approval as outlined above.  
 No protest was filed for the year: \_\_\_\_\_ or \_\_\_\_\_ (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