



# State Office of Administrative Hearings

P.O. Box 13025, Austin, Texas 78711-3025  
Phone 512.475.4993 | Fax 512.475.4994

## NOTICE OF APPEAL BY PROPERTY OWNER

Property Owner Name:	
Subject Property Address:	
Property Owner Address:	
Property Owner Phone Number:	
Property Owner Email:	
Property Owner Fax Number:	
County Appraisal Board Location:	
Board Determined Value:	
Property Owner Value:	
Statement of Reason:	
Statutory Grounds for Appeal:	<input type="checkbox"/> Excess Appraised or Market Value <input type="checkbox"/> Unequal Appraisal
Length of Hearing:	
Representation:	<input type="checkbox"/> Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Consultant <input type="checkbox"/> Self <input type="checkbox"/> Other
Representative Name:	
Representative Address:	
Representative Phone Number:	
Representative Email:	
Representative Fax Number:	
Deposit Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Final Appraisal Review Board Order Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

## NOTICE OF APPEAL BY PROPERTY OWNER FORM INSTRUCTIONS

**Appeal to the State Office of the Administrative Hearings:** A property owner who disagrees with an order of an Appraisal Review Board may appeal the order to the State Office of Administrative Hearings for a hearing before an administrative law judge if the value of the subject property as determined by the Appraisal Review Board is more than one million dollars. To appeal an Appraisal Review Board Order, the property owner must complete this Notice of Appeal within thirty days after receipt of the Appraisal Review Board Order. **A \$1,500 deposit, payable to the State Office of Administrative Hearings, is required. The deposit includes a \$300 filing fee. The deposit must be filed with the chief appraiser within 90 days after you receive notice of the Appraisal Review Board Order.** The property owner may also be required to pay the costs of the appeal.

**Filing the Appeal:** The completed Notice of Appeal and the deposit must be filed with the chief appraiser of the county in which the property is located. The chief appraiser will forward the Notice of Appeal and deposit with the State Office of Administrative Hearings.

**Costs of Appeal:** The administrative law judge will issue a determination of the appraised or market value of the subject property after the hearing. If the judge's determination of the value is nearer to the value stated in this Notice of Appeal than to the value determined by the Appraisal Review Board in its order, the deposit, including the filing fee, will be refunded and the Appraisal District will pay all the costs of the appeal. If the judge's determination of the value is nearer to the value determined by the Appraisal Review Board, the State Office of Administrative Hearings will retain the deposit, and the property owner will also be required to pay any costs of appeal that are in excess of \$1,500. Such costs include the judge's time at the rate of \$100 per hour, travel expenses, postage, long distance telephone charges, any court reporter and transcript charges, and other similar expenses.

### Field Instructions:

1. **Property Owner Name:** Please list the name of the owner of the subject property.
2. **Subject Property Address:** Please list the address or legal description of the subject property.
3. **Property Owner Address:** Please list the address of the owner of the subject property if different from the subject property address. If the same, leave blank.
4. **Property Owner Phone Number:** Please list the phone number of the property owner.
5. **Property Owner Email:** Please list the email address of the property owner.
6. **Property Owner Fax Number:** Please list the fax number, if available, of the property owner.
7. **County Appraisal Review Board:** Please list the county in which the Appraisal Review Board is Located.
8. **Board Determined Value:** Please list the appraised or market value of the subject property as determined by the Appraisal Review Board in their order.
9. **Property Owner Value:** Please list the appraised or market value of the subject property as determined by the property owner.
10. **Statement of Reason:** Briefly state the reason(s) it is believed the value determined by the Appraisal Review Board is incorrect and the reasons the property owner value is. Additional information by be attached to this appeal.
11. **Statutory Grounds for Appeal:** Please select either
  - a. Excess Appraised or Market Value

- b. Unequal Appraisal
12. **Length of Hearing:** If more than 1 ½ hours is needed to present the case, please list the total time needed. Additional time is subject to approval by the administrative law judge.
  13. **Representation:** Please select
    - a. Attorney
    - b. Accountant
    - c. Consultant
    - d. Self
    - e. Other
  14. **Representative Name:** Please list the name of the representative, if the representative is not the property owner.
  15. **Representative Address:** Please list the address of the representative, if the representative is not the property owner.
  16. **Representative Phone Number:** Please list the phone number of the representative, if the representative is not the property owner.
  17. **Representative Email:** Please list the email address of the representative, if the representative is not the property owner.
  18. **Representative Fax Number:** Please list the fax number, if available, of the representative, if the representative is not the property owner.
  19. **Deposit Included:** Please indicate whether or not the \$1,500 deposit has been enclosed with this Notice.
  20. **Copy of Final Appraisal Review Board Order Included:** Please indicate whether or not the final Appraisal Review Board Order has been included in this Notice.