

|   |            |                            |             |             |
|---|------------|----------------------------|-------------|-------------|
| <b>NAME OF OWNER (Please Print)</b>   |            |                            |             |             |
| <b>OWNER'S MAILING ADDRESS:</b>   |            |                            |             |             |
| <b>HOME PHONE</b>   |            | <b>BUSINESS/CELL PHONE</b> |             |             |
| <b>CONTACT NAME</b>   |            |                            |             |             |
| <b>EMAIL ADDRESS</b>  |            |                            |             |             |
| Please print the name of Authorized Representative (if owner will be represented by someone other than self). <b>Letter of Authorization must be attached.</b>  |            |                            |             |             |
| Authorized Representative   |            |                            |             |             |
| <input type="checkbox"/> Documents Submitted  |            |                            |             |             |
| <input type="checkbox"/> Other:   |            |                            |             |             |
| Representative Mailing Address  |            |                            |             |             |
| Representative Phone  |            |                            |             |             |
| I certify that the foregoing statements and information are true, accurate and complete to the best of my knowledge, information and belief. I understand that the County Assessor, upon receipt of the petition, is required to schedule a hearing before the Sandoval County Valuation Protest Board. I further understand that I must provide evidence and /or have witness at the formal hearing. |            |                            |             |             |
| Signature of Owner or Authorized Representative   |            |                            |             |             |
| <b>FOR OFFICE USE ONLY:</b>   |            |                            |             |             |
|   | Land Value | Improve. Value             | Misc. Value | Total Value |
| Assessed Value  |            |                            |             |             |
| Corrected Value   |            |                            |             |             |
| Final Value   |            |                            |             |             |
|   |            |                            |             |             |

**SANDOVAL COUNTY  
ASSESSOR  
PROTEST PETITION**

1500 Idalia Rd Bldg D  
PO Box 40  
Bernalillo, NM 87004  
Phone: (505)867-7562 Fax: (505)867-7596

**TAX YEAR 2021**

**LEGAL DESCRIPTION:**

UNIT: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_  
MAP: \_\_\_\_\_ TRACT: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_  
LANDS OF: \_\_\_\_\_  
SECTION: \_\_\_\_\_ TOWNSHP: \_\_\_\_\_ RANGE: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_

**PLEASE FILL IN INFORMATION BELOW COMPLETELY**

A: TOTAL ASSESSOR'S VALUE  
(As shown on Notice of Value)

B: TOTAL PROPERTY OWNERS VALUE

C: PROTESTED AMOUNT  
(DIFFERENCE BETWEEN A & B)

**REASON FOR PROTEST**

VALUE IN EXCESS OF CURRENT AND CORRECT  
 DUPLICATE ASSESSMENTS LIVESTOCK

**DENIAL OF:**  RESIDENTIAL CLASSIFICATION  
 AGRICULTURAL STATUS  EXEMPTION

**EXPLANATION OF PROTEST:**

\_\_\_\_\_

|  |
|--|
| <b>ACCOUNT #</b>   |
| <b>PARCEL #</b>  |
| <b>IMPORTANT INFORMATION</b>   |
| SECTION 7-38-24 NMSA PROVIDES THAT PETITIONS OF PROTEST SHALL BE FILED WITH THE COUNTY ASSESSOR NO LATER THAN THIRTY (30) DAYS AFTER THE MAILING BY THE ASSESSOR OF THE NOTICE OF VALUE IF NOT AVAILABLE AT THE TIME OF FILING. ALL INFORMATION TO BE PRESENTED AT THE PROTEST HEARING SHOULD BE DELIVERED TO THE ASSESSOR NO LATER THAN THIRTY (30) DAYS FROM THE PROTEST DEADLINE. IF INFORMATION IS NOT RECEIVED, A FORMAL REQUEST FOR DOCUMENTS WILL BE MADE |
| THE FILING OF A PETITION OF PROTEST WITH THE ASSESSOR IS AN ELECTION TO PURSUE THAT REMEDY AND IS AN INCONDITIONAL AND IRREVOCABLE WAIVER OF THE RIGHT TO PURSUE THE REMEDY OF FILING A CLAIM FOR REFUND IN DISTRICT COURT.  |
| <b>SETTLEMENT / WITHDRAWAL</b>   |
| IF YOU WISH TO WITHDRAW YOUR PROTEST, YOU MAY DO SO BY SIGNING BELOW, DATE AND MAIL TO THE ABOVE ADDRESS.  |
| <i>I HEREBY WITHDRAW/ACCEPT THE ABOVE PROTEST.</i>   |
| <input type="checkbox"/> WITHDRAW <input type="checkbox"/> ACCEPT SETTLEMENT   |
| X  |
| Signature of Owner or Authorized Representative / Date   |
| <b>PROPERTY TYPE:</b>  |
| <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL   |
| <input type="checkbox"/> MULTI-FAMILY(APARTMENT) <input type="checkbox"/> VACANT LAND  |
| <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> PERSONAL PROPERTY  |
| <input type="checkbox"/> MANUFACTURED HOME   |
| <b>FOR OFFICE USE ONLY:</b>  |
| PROTEST #: _____   |
| DATE RECEIVED: _____   |
| DATE MAILED: _____   |
| SCHOOL DISTRICT: _____   |
| APPRAISER: _____   |