State Form 57328	F ASSESSMENT OF APA (R3 / 11-25) Department of Local Government Finance		OPERTY		FORM 11-A
County Contact/Address			THIS IS NOT A TAX BILL APPEAL DEADLINE IS:		
				[Appeal Dead	
Na	me and Address of Property Owne	er		QR Code Scan the QR code for your property record	
Legal Description				Parcel or Identification Number	<u> </u>
Property Address (number and street, city, state, and ZIP code)					
Troporty Address (names. 2.	d street, only, state, and in code,				
This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the assessing official at the telephone number and address below. Indiana Code 6-1.1-4-39 requires the assessor to value residential accommodations with more than four (4) units rented for periods of thirty (30) days or more at the lowest value determined under the three (3) appraisal approaches. Furthermore, IC 6-1.1-4-39(f) specifies that the assessor must annually report the values determined under the three (3) appraisal approaches to the taxpayer. These values are determined without modifiers, adjustments, or other trending factors.					
notice, an appeal can be in township assessor or cour filing deadlines. These dea is June 15 of that year. If the mailed. (IC 6-1.1-15-1.1) The a Form 130 must schedule exchange the information issue concerning the appeacounty assessor, or an appeacourty assessor, or an appeacourt.	the opportunity to appeal (IC 6-nitiated to challenge that action. To thy assessor in a timely manner. The adlines are based on the date that his notice is mailed on or after May his form is available from the asset a preliminary informal meeting with each party is relying on at the time al. If the taxpayer has reason to be oraiser has violated IC 6-1.1-35.7-4 (b). NOTE: Failurinity assessments as the control of the contro	o file an appeal, the time-frame to file this notice is mailed / 1 of the assessme essing official or at: I the taxpayer in ar of the preliminary ir elieve that the towns or IC 6-1.1-35.7-4(taxpayer must file a Form an appeal on the assessr. If this notice is mailed be nt year, the filing deadline		

TOTAL

Township

Date of Notice (month, day, year)

Telephone Number

TOTAL

Assessing Official

Address (number and street, city, state, and ZIP code)

County