



**JOINT REPORT BY TAXPAYER / ASSESSOR  
TO THE COUNTY BOARD OF APPEALS OF  
A PRELIMINARY INFORMAL MEETING**

State Form 53626 (R / 5-15)

Prescribed by the Department of Local Government Finance

FORM 134

**FOR OFFICE USE ONLY**

Date received by County Board of Appeals  
(month, day, year)

Date received by County Auditor  
(month, day, year)

**INSTRUCTIONS:**

1. This form must be completed and signed by both the taxpayer and the assessing official. The assessing official must forward this form to the County Auditor and the Property Tax Assessment Board of Appeals (PTABOA) no later than ten (10) days after the preliminary informal meeting between the taxpayer and the undersigned assessing official.
2. The PTABOA maintains the original report with copies provided to the County Auditor, Assessor, and taxpayer.

**TYPE OF ISSUE UNDER APPEAL**

Assessment of (check if applicable):	Deduction for (check if applicable):	<input type="checkbox"/> ERA - Real property (IC 6-1.1-12.1-5)
<input type="checkbox"/> Real property	<input type="checkbox"/> Rehabilitated property (IC 6-1.1-12-25.5)	<input type="checkbox"/> ERA - Vacant building (IC 6-1.1-12.1-5.3)
<input type="checkbox"/> Personal property	<input type="checkbox"/> Resource Recovery System (IC 6-1.1-12-28.5)	<input type="checkbox"/> ERA - Personal property (IC 6-1.1-12.1-5.4)
	<input type="checkbox"/> Coal, hydroelectric, or geothermal (IC 6-1.1-12-35.5)	<input type="checkbox"/> Common area exemption (IC 6-1.1-10-37.5)

**SECTION 1 PROPERTY & PETITIONER INFORMATION**

Assessment date: _____ 1, 20_____, payable in 20_____.	Parcel number	County	Township
Name of property owner	Telephone number (     )	E-mail address	
Mailing address of property owner (number and street, city, state and ZIP code)			
Address of property under appeal, if different (number and street, city, state and ZIP code)			
Name of authorized representative (if different from taxpayer)	Telephone number (     )	E-mail address	
Mailing address of authorized representative (number and street, city, state and ZIP code)			DLGF Taxing District number

**SECTION 2 RESULTS OF PRELIMINARY INFORMAL MEETING**

Assessment date: _____ 1, 20_____, payable in 20_____.	LAND	IMPROVEMENTS	PERSONAL PROPERTY / DEDUCTIONS
Current assessment / deduction of record:			
Taxpayer believes assessment / deduction should be:			
Assessor believes assessment / deduction should be:			
After the preliminary informal meeting, do the taxpayer and the assessor agree on the resolution of all issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the issues and changes made. ----- -----			
If both parties do not agree on all the issues, is there a partial agreement on some of the issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the areas agreed upon. ----- -----			
If yes, list the areas <u>not</u> agreed upon. ----- -----			

**If both parties disagree on all of the issues, the taxpayer and the assessor should list the issues in their comments section.**

**TAXPAYER COMMENTS**

Explain reasons for disagreement or changes made.

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I am aware of my right to a review of these issues by the PTABOA and my right to appeal to the Indiana Board of Tax Review and then to the Indiana Tax Court. The appeals process is outlined in IC 6-1.1-15.

Signature of taxpayer

Date (month, day, year)

**ASSESSOR COMMENTS**

Explain reasons for disagreement or changes made.

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Pursuant to IC 6-1.1-15-1(i), I attest that I described to the taxpayer the taxpayer's right to a review of these issues by the PTABOA and the taxpayer's right to appeal to the Indiana Board of Tax Review and then to the Indiana Tax Court.

Signature of assessor

Date (month, day, year)