

Douglas County Board of Assessors**(770) 920-7228 | 8700 Hospital Dr., Douglasville, GA 30134****APPEAL OF ASSESSMENT FOR DIGEST YEAR: 2025****Appeal No:** _____

Name				Home Phone	
Address				Work Phone	
Address				Cell Phone	
City		State		Zip Code	
Email Address					

Property /Appeal Type (Check One)

☐ Real
☐ Personal
☐ Motor Vehicle
☐ Manufactured Home

Property ID Number		Account Number	
Property Description			

Specify Grounds for Appeal:		You must select only one of the following options:	
Check all that apply		<input type="checkbox"/>	BOE: appeal to the county board of equalization with appeal to the superior court (any/all grounds)
Value	<input type="checkbox"/>	<input type="checkbox"/>	ARBITRATION: to arbitration with an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)
Uniformity	<input type="checkbox"/>	<input type="checkbox"/>	HEARING OFFICER: for (1) nonhomestead real property (and contiguous real property) or (2) wireless personal property account(s) with a FMV in excess of \$500,000, to a hearing officer with appeal to superior court (value and uniformity only)
Taxibility	<input type="checkbox"/>	<input type="checkbox"/>	SC: Directly to Superior Court (requires consent of BOA) (any/all grounds)
Exemption Denied	<input type="checkbox"/>		
Breach of Covenant	<input type="checkbox"/>		
Denial of Covenant	<input type="checkbox"/>		

Owner's Value Assertion (required)		* Additional Cost/Fees may apply
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Billing Preference:	<input type="checkbox"/> 85%	<input type="checkbox"/> 100%
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Pursuant to Georgia Law, parcels in appeal will be billed at 85% of the lower of the current or prior year assessment. However, you may elect to be billed at 100% of the assessed value instead. This selection must be made at the time of your appeal and will not be changed after the appeal is submitted. O.C.G.A. §48-5-311(e)(6)(D)(iii)(I)

Property Owner Comments	
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Property Class: ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural ☐ Other: _____

Signature of Property Owner or Agent	Date
NOTE: If the appeal form is signed by an agent, a letter of Authorization must accompany the filing of the appeal.	
Agent's Name _____	Agent's Phone #: _____
& Address: _____	Agent's Email _____
_____	Address _____

NOTE: Filing of this document will create a review of the County's assessment. Reasonable notice is herein provided that an onsite inspection of the subject property by a member of the County's appraisal staff may be performed.

Assessor's Use Only		Previous Year Value	Taxpayer's Returned Value	Current Year Value
	100%			
	40%			
Date Received:		Received By:		