

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:	
<input type="checkbox"/> Check all that apply <input type="checkbox"/> Value <input type="checkbox"/> Uniformity <input type="checkbox"/> Taxability <input type="checkbox"/> Exemption Denied <input type="checkbox"/> Breach of Covenant <input type="checkbox"/> Denial of Covenant		<input type="checkbox"/> BOE: appeal to the county board of equalization with appeal to the superior court (any/all grounds) <input type="checkbox"/> * ARBITRATION: to arbitration with an appeal to the superior court (valuation is only grounds that may be appealed to arbitration) <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) <input type="checkbox"/> * SC: Directly to Superior Court (requires consent of BOA) (any/all grounds)	

Owner's Value Assertion (required)			
---	--	--	--

* Additional Cost/Fees may apply

Billing Preference:	<input type="checkbox"/> 85%	<input type="checkbox"/> 100%
----------------------------	------------------------------	-------------------------------

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			
--------------------------------	--	--	--

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:	