JEFFERSON COUNTY

OFFICE OF THE

PROPERTY VALUATION ADMINISTRATOR

REAL ESTATE TAXPAYER'S OPINION OF VALUE

Taxpayer's			
	(Last Name)	(First Name)	(Middle Initial)
Property			
Address			
	(Number	and Street or Rural Route	e)
Parcel ID			
		REAL ESTATE	
Taxpayer's Opinion of Val	ue \$		
Property Value Admin's Assessment Value (Office Use Only)	\$		
COMMENTS:		AFFIDAVIT	
declare, under the penalt	ties of periury, that the		ing any accompanying schedules ar
			e and belief is a true, correct, and
complete value; and that a		•	
Sworn and described befo	re me this da	y of	20
(Printed Name of Taxpayer / Representative)			(Title)
(Signature of Taxpayer)			gnature of the PVA or Deputy)
(Signature of Authorized Representative)			(Date of Filing)

Please provide a copy of Driver's License or State ID when submitting this form