



NOTICE OF APPEAL BY PROPERTY OWNER

revised 3/14

Appeal to SOAH: A property owner who disagrees with an order of an Appraisal Review Board (Board) may appeal the order to the State Office of Administrative Hearings (SOAH) for a hearing before an Administrative Law Judge, if the value of the subject property as determined by the Board is more than \$1 million. To appeal a Board Order you must complete this Notice of Appeal within 30 days after you received the notice of the Board Order. **A \$1500 deposit payable to SOAH is required. The deposit includes a \$300 filing fee. The deposit must be filed with the Chief Appraiser within 90 days after you received notice of the Board Order.** You may also be required to pay the costs of the appeal. For more information regarding the appeals process, consult the Rules of Procedure for Appraisal Review Board Appeals at <http://www.soah.state.tx.us>.

Filing your Appeal: You must file this completed Notice of Appeal and the deposit with the Chief Appraiser of your county. The Chief Appraiser will forward your appeal and the deposit to SOAH.

Costs of Appeal: After a hearing, the Administrative Law Judge will issue a determination of the appraised or market value of the subject property. If the judge's determination of the value is nearer to the value you stated in this Notice of Appeal than to the value determined by the Board in its order, your deposit, including the filing fee, will be refunded and the Appraisal District will pay all the costs of the appeal. If the judge's determination of the value is nearer to the value determined by the Board, SOAH will retain your deposit, and you will also be required to pay any costs of appeal that are in excess of \$1500. Such costs include the judge's time at the rate of \$100 per hour, travel expenses, postage, long distance telephone charges, any court reporter and transcript charges, and other similar expenses.

1. Property Name:	Name of Property Owner: _____
2. County Board Location:	_____
3. Deposit:	<input type="checkbox"/> Yes, I have enclosed the mandatory \$1500 deposit payable to SOAH.
4. Copy of Final ARB Order:	<input type="checkbox"/> Yes, I have enclosed a copy of the Final ARB Order as required.
5. Property Location:	Address or legal description of the subject property. _____
6. Board Determined Value:	Appraised or market value of the subject property as determined in the Board Order (Note: The value must be more than \$1 million). _____
7. Your Value:	The value that you believe to be the correct appraised or market value of the subject property. _____
8. Statement of Reason:	Briefly state your reasons for believing the value determined by the Board is incorrect, and the reasons your value is correct (The statement may be a separate attachment): _____
9. Statutory Grounds for Appeal:	<input type="checkbox"/> Excess Appraised or Market Value <input type="checkbox"/> Unequal Appraisal

Length of Hearing: The time to present your case at the SOAH hearing will be limited to 1½ hours unless you request more time. If you wish to request additional time, you must state time that you will need to present your case. _____ (Any additional time requested is subject to approval by the Judge).

Hearing: SOAH will notify you of the date, time and location of the hearing and assign an Administrative Law Judge to conduct a hearing in your case. The hearing will be held in one of the following 14 cities: (1) Amarillo, (2) Austin, (3) Beaumont, (4) Corpus Christi, (5) El Paso, (6) Fort Worth, (7) Houston, (8) Lubbock, (9) Lufkin, (10) McAllen, (11) Midland, (12) San Antonio, (13) Tyler, and (14) Wichita Falls.

Representation: You may be represented at the hearing by an Attorney, Accountant, Consultant, or other person of your choosing. Please

state the name of your representative (if any): _____.

Signature and Address: Provide address of Property Owner if different from Representative.

Name: _____ Signature: _____ Date: _____

Check one: Property Owner Representative

Mailing Address: _____ City: _____ Texas, Zip _____ Mailing Address: _____ City: _____ Texas, Zip _____

Facsimile: _____ Phone: _____ Email: _____ Facsimile: _____ Phone: _____ Email: _____

