

Appeals Will be held June 15, 2018  
through July 02, 2018

STEVE SCHLEIKER  
EL PASO COUNTY ASSESSOR  
1675 W. Garden of the Gods Rd., Ste. 2300  
Colorado Springs, Colorado 80907

LOCATION: 1675 W. Garden of the Gods Rd., Ste 2300  
OFFICE HOURS: 8:00 A.M.-5:00 P.M. Monday-Friday  
TELEPHONE #: (719) 520-6610  
FAX #: (719) 520-6665 or (719) 520-6635

DATE: 2018-06-15

SCHEDULE NUMBER	TAX YEAR	TAX AREA CODE	LEGAL DESCRIPTION OF PROPERTY (MAY BE INCOMPLETE)
	2018		

PERSONAL PROPERTY

**NOTICE OF VALUATION**

THIS IS NOT A TAX BILL

Your property was valued as it existed on January 1 of the current year. The "current year actual value" represents the actual value of your property as of the appraisal date. The appraisal date is June 30, 2017, 39-1-104(12.3)(a), C.R.S. The tax notice you receive next January will be based on this value.

An assessment percentage will be applied to the actual value of your property before property taxes are calculated. **The assessment percentage for personal property is 29%, 39-1-104(1) and (1.5), C.R.S.**

TYPE OF PROPERTY		PRIOR YEAR ACTUAL VALUE	+ OR - CHANGE	CURRENT YEAR ACTUAL VALUE
Personal Property	29%			
<b>YOU HAVE THE RIGHT TO PROTEST YOUR PERSONAL PROPERTY VALUE.</b>		<b>TOTALS</b>		

# 2018 PERSONAL PROPERTY APPEAL FORM

*The Personal Property Questionnaire below may help you determine an estimate of value for your property.*

**YOU MAY ELECT TO COMPLETE THIS FORM TO APPEAL YOUR PROPERTY VALUATION.**

**PERSONAL PROPERTY VALUATION APPEALS:** If you disagree with the "current year actual value" determined for your property, you may file an appeal by mail or in person with the County Assessor. Please refer to the Appeal Procedures for the deadline dates for filing appeals.

Completing the Personal Property Questionnaire below may help you determine an estimate of value for your property, which can be compared to the value determined by the Assessor. **Colorado law requires consideration of the Cost, Market, and Income approaches to value for Personal Property.**

*If the date for filing any report, schedule, claim, tax return, statement, remittance, or other document falls upon a Saturday, Sunday or legal holiday, it shall be deemed to have been timely filed if filed on the next business day. 39-1-120(3), C.R.S.*

**TO PRESERVE YOUR APPEAL RIGHTS, YOU MUST PROVE YOU HAVE FILED A TIMELY APPEAL; THEREFORE, WE RECOMMEND ALL CORRESPONDENCE BE MAILED WITH PROOF OF MAILING.**

**FOR MORE INFORMATION, CONTACT THE ASSESSOR'S OFFICE AT: (719) 520-6610.**

## PERSONAL PROPERTY APPEAL PROCEDURES

*Furnishings, Machinery and Equipment*

### APPEAL ONLINE:

Property owners may appeal online at: [assessor.elpasoco.com](http://assessor.elpasoco.com) & select the "Online Appeals Link."

### APPEALS BY MAIL, IN PERSON OR FAX:

Property owners may mail, deliver or fax appeals. Complete the following questionnaire and mail or bring it to the Assessor's Office located at:

1675 W. Garden of the Gods Rd., Ste. 2300  
Colorado Springs, CO 80907  
Or FAX (719)520-6665, (719)520-6635

**TO PRESERVE YOUR RIGHT TO APPEAL YOU MUST APPEAR IN THE COUNTY ASSESSOR'S OFFICE, FAX OR POSTMARK YOUR APPEAL ON OR BEFORE 07/02/18. 39-5-121(1.5) C.R.S.**

*AFTER THESE DATES YOUR RIGHT TO APPEAL IS FORFEITED*

**ASSESSOR'S DETERMINATION:** The Assessor must make a decision on your appeal and mail a Notice of Determination to you by July 10.

**APPEALING THE ASSESSOR'S DECISION:** If you are not satisfied with the Assessor's Determination, or if you do not receive a Notice of Determination from the Assessor, you must file a written appeal with the County Board of Equalization on or before July 20.

SCHEDULE NUMBER: \_\_\_\_\_ PROPERTY LOCATION: \_\_\_\_\_  
DOCUMENTATION: (reason for requesting a review) : \_\_\_\_\_

## PERSONAL PROPERTY QUESTIONNAIRE -- Attach Additional Documents as Necessary

**MARKET APPROACH TO VALUE:** This approach to value uses sales from the previous year to determine the actual value of your property on January 1 of this year. The following items, if known, may help you estimate the actual value of your property.

If available, attach a copy of any appraisal or written estimate of value if conducted during the previous year.

*Have similar properties sold within the previous year?*

DATE SOLD	ITEM	SELLING PRICE

Based on these sales and accounting for differences between sold properties and your property, what do you believe your property would have sold for on January 1 of this year?

\$ \_\_\_\_\_

**COST APPROACH TO VALUE:** This approach to value uses replacement cost new, less depreciation, to determine the value of your property on January 1 of this year.

Item \_\_\_\_\_

Estimated Replacement Cost New \$ \_\_\_\_\_

Source: \_\_\_\_\_

Have changes been made to the property, i.e., refurbishing, reconditioning, addition of components, etc?  Yes  No

If yes, give date, description, and estimate cost:

DATE	DESCRIPTION OF CHANGE	COST

Is your equipment in typical condition for its age?  Yes  No

If no, why? \_\_\_\_\_

Based on the original cost of acquisition and the cost of any changes, less depreciation, estimate the total value of the property as of January 1 of this year:

\$ \_\_\_\_\_

**INCOME APPROACH TO VALUE:** This approach to value converts economic net income from the previous year into present worth on January 1 of this year.

If your property was rented or leased during the previous year: 1) Attach operating statements showing rental and expense amounts for this property; 2) If known, list rents of comparable equipment negotiated during the previous year; 3) If an appraisal using the Income approach was conducted during the previous year, please attach a copy.

**FINAL ESTIMATE OF VALUE: \$** \_\_\_\_\_

Please use this space for any comments or information you would like the Assessor to consider when reviewing your property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AGENT ASSIGNMENT

I authorize the below-named agent to act on my behalf regarding the property tax valuation of the property described herein for the year 2018.

Agent's Name \_\_\_\_\_ (Please Print) Phone \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail all correspondence regarding this appeal to the above-named agent at the following address: \_\_\_\_\_

Please indicate the name and telephone number of a person the Assessor may contact if an on-site inspection is necessary: \_\_\_\_\_

## VERIFICATION

I, THE UNDERSIGNED OWNER OR AGENT OF THIS PROPERTY, STATE THAT THE INFORMATION AND FACTS CONTAINED HEREIN AND ON ANY ATTACHMENT CONSTITUTE TRUE AND COMPLETE STATEMENTS CONCERNING THE DESCRIBED PROPERTY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_