

**Before the Utah State Tax Commission
Request for Redetermination of Decision**

Tax assessment year	Parcel Number	
Taxpayer Information	Representative, if any	
Owner/Taxpayer name	I authorize the below-named person to discuss and share information concerning this appeal with the Utah State Tax Commission.	
Mailing address	Representative name	
	Mailing address	
Daytime telephone no.		
FAX telephone no.	Daytime telephone no.	FAX telephone no.
Taxpayer's email address	Representative's email address	

Property Information

Location or address of property	County
Personal property (specify)	

Additional Information

State your objection to the Salt Lake County Council decision (be prepared to provide supporting evidence at a hearing or <i>mediation</i> conference)		
Taxpayer's name (print)	Taxpayer's signature	Date signed

MAIL OR DELIVER COMPLETED FORMS TO:
 Salt Lake County Council-Tax Administration
 2001 S State Street, N2-300
 PO Box 144575
 Salt Lake City, UT 84114-4575

This form must be filed with Tax Administration within 30 days after the date of the Salt Lake County Council Decision.

Tax Administration: Please verify that this matter was considered by the Property Tax Committee.

Date considered by Property Tax Committee

Attach a copy of the Council decision to this form.