Form 3  
CHAFFEE COUNTY, COLORADO

PETITION FOR ARBITRATION

Taxpayer

vs.

CHAFFEE COUNTY BOARD OF EQUALIZATION

1. The undersigned property owner hereby requests arbitration from the adverse decision of the Chaffee County Board of Equalization pursuant to C.R.S. § 38-39-108. A copy of the adverse decision appealed from is attached hereto.

2. The address and telephone number of the property owner are:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. The subject property is located in Chaffee County with the following address or legal description:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. The tax schedule number of the valuation being appealed from is: ________________

5. The tax year being appealed is: ________________

6. The subject property is:

☐ Agricultural  ☐ Commercial  ☐ Possessory Interest ☐ Vacant Land
☐ Residential  ☐ Personal Property  ☐ Other ________________

7. The actual value assigned to the subject property is: ________________

8. The Petitioner’s estimate of value is: ___________________________

9. If the subject property is residential real property. The residential arbitration fee in the amount of $150.00 is tendered herewith. If the subject property is not residential real property. A fully-executed Arbitration Fee Agreement is attached hereto, and the
maximum fee set forth in it is tendered herewith.

6. The arbitrator selected by the taxpayer is: ________________________________

7. A brief non-binding statement of the issues to be arbitrated is:

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

8. If taxpayer is to be represented by an attorney: The name, attorney registration number, address, and telephone number of the attorney who will represent the taxpayer is: ______

____________________________________________________________

Date: ___________________ ___________________ Signature of Taxpayer

[Attach additional sheets if necessary to fully answer any item above.]