

2021 CASS COUNTY BOARD OF EQUALIZATION

Please complete all information requested on this application and attach a copy of the assessment notice. Also attach copies of recent appraisals, sales contracts, closing statements, current listing agreements and the last 3 years income/expense statements to expedite this process. A separate application must be filed for each parcel appealed.

Hearings are scheduled on a first-come basis; therefore, you are urged to return this application as quickly as possible to:

Nicole Moody
Cass County Assessor
2733 Cantrell Rd
Harrisonville, MO 64701

Deadline for filing: Must be postmarked or hand delivered by July 12, 2021

You, or your authorized representative, will be notified by telephone of the date and time set aside for your appeal. It may be advisable to name an alternate who can represent you should you find that your schedule conflicts with the hearing date assigned. Your alternate will also receive a copy of the notice of your hearing, but it will be your responsibility to contact that individual if they are to personally appear for you. *Only certified mail accepted.

Subsequent to your appeal, a formal notice of the Board's decision will be mailed to you. If you have any questions regarding your application for appeal, please contact the County Assessor's Office at (816) 380-8124.

APPLICATION FOR APPEAL

Parcel I.D. No. _____ (shown on your assessment notice)

Classification or Property: _____ Residential _____ Commercial _____ Agricultural _____ Personal Property

PROPERTY OWNER:

Alternate's Name and Address:

Name: _____

Mailing Address: _____

Daytime Phone No. _____

Owner will be represented by:

Name: _____

Firm: _____

Address: _____

Phone: _____

2020 Appraised Value \$: _____

2021 Appraised Value: \$ _____

Basis for Appeal:

Owners' opinion of Market Value as of January 1, 2021 \$ _____

Date Property Purchased: _____ Purchase Price: \$ _____

List Improvements made to Property Since your purchase: _____

Total Cost of Improvements: \$ _____

Signature of Owner/Representative: _____ Date: _____