

**OBJECTION TO REAL PROPERTY ASSESSMENT OF BARE AGRICULTURAL LAND ONLY  
(SDCL 10-11-13 thru SDCL 10-11-42)**

COUNTY OF \_\_\_\_\_  
 TO BE COMPLETED BY PROPERTY OWNER:  
 Assessed in name of: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Phone No. \_\_\_\_\_

APPEAL NUMBERS:  
 Off. of Hearing Exam. \_\_\_\_\_  
 County Brd of Equal \_\_\_\_\_  
 Local Brd of Equal \_\_\_\_\_

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Listed below are the parcels that I am appealing the full & true valuation. These are BARE AGRICULTURAL LAND, with no buildings involved. The reason I am appealing the properties stated below is because:

List each parcel being appealed on a separate line	Legal Description & Number of Acres	I believe the correct true and full value to be (val/acre):
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____
(8) _____	_____	_____
(9) _____	_____	_____
(10) _____	_____	_____
(11) _____	_____	_____
(12) _____	_____	_____
(13) _____	_____	_____
(14) _____	_____	_____

OATH: I do solemnly swear that all statements made herein are to the best of my knowledge, true and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 (Taxpayer/Taxpayer Attorney)

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**TO BE COMPLETED BY LOCAL BOARD OF EQUALIZATION - ACTION BY LOCAL BOARD OF EQUALIZATION:**

Parcel No.	Assessors Value	Local Board	Parcel No.	Assessors Value	Local Board
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

Signature \_\_\_\_\_ Jurisdiction \_\_\_\_\_

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**TO BE COMPLETED BY DIRECTOR OF EQUALIZATION PRIOR TO COUNTY BOARD OF EQUALIZATION**

I, \_\_\_\_\_ make the following recommendation for the current year on the above stated property:

Parcel No.	Assessors Val. From	Local Board To	Assessors Recommend.	Parcel No.	Assessors Val. From	Local Board To	Assessors Recommend
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	\$ _____

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**TO BE COMPLETED BY COUNTY BOARD OF EQUALIZATION FINAL VALUE BY COUNTY BOARD OF EQUALIZATION:**

Parcel No.	County Board Value	Parcel No.	County Board Value	Parcel No.	County Board Value	Parcel No.	County Board Value
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____

Signature \_\_\_\_\_  
 County Auditor

PT 17A (6/04)  
 Original: OHE (if appealed to that body) Second copy: to assessor (if appealed to county board)  
 First copy: retained by county (if appealed to county board) Third copy: to objector (after action by local board)