COMPLAINT FOR REVIEW OF ASSESSMENT
State Tax Commission of Missouri
P.O. Box 146, Jefferson City, Missouri 65102-0146

REAL PROPERTY

Taxpayer's Name:

Street Address of Property:  City:  State:  Zip Code:

Locator or Parcel Number of the Property:  County in Which the Property Is Located:

Current Classification of the Property:  ☐ Agricultural  ☐ Residential  ☐ Commercial  ☐ Mixed-Use

If the property is an apartment building, condominium, vacant lot or subsidized housing, please indicate:

<table>
<thead>
<tr>
<th>Value set by the Assessor</th>
<th>Value set by the Board of Equalization</th>
<th>Taxpayer's Proposed Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>True Value (Market)</td>
<td>Assessed Value</td>
<td>True Value (Market)</td>
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<td>Assessed Value</td>
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<td>True Value (Market)</td>
<td>Assessed Value</td>
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</tbody>
</table>

Value of the property is generally an issue in every appeal. If you believe the assessment is incorrect on other grounds, you must indicate those grounds by checking the appropriate boxes. Check all that apply.

If you do not specify any other ground, this complaint will be reviewed only for overvaluation.

☐ Discrimination

☐ Misgraded Agricultural Land

☐ Exemption – the property should be exempt because it is:
  ☐ Religious  ☐ Charitable  ☐ Educational  ☐ Other (explain) ____________________________

☐ Misclassification – the proper classification of this property should be:
  ☐ Residential  ☐ Agricultural  ☐ Commercial  ☐ Mixed-Use

☐ Other (explain): ____________________________

A COPY OF THE BOARD OF EQUALIZATION DECISION MUST BE ATTACHED TO THIS FORM.

Please note: Only the taxpayer or his attorney may sign this Complaint. Missouri law requires attorney representation for all corporations, partnerships, trusts and other legal entities which are not natural persons. There are no exceptions.

Taxpayer or Attorney Signature – Please Print then Sign:

Daytime Telephone (with Area Code):  Bar Number:

Mailing Address (Street/Box Number):

City  State  Zip Code

DO NOT WRITE IN THIS SPACE

Mo 870-5055 (01/2007)  STC FORM 163 (01/2007)
PROTEST LETTER

Date: __________________________

Collector Name
Jurisdiction
Collector Street Address
Collector City, State Zip

Re: Parcel/Locator Number:
   STC Appeal Number: N/A

To the County Collector:

   _____ Attached is my check for payment of my property taxes for the tax year 2010.
   _____ My mortgage company pays my taxes.

I am protesting my assessment through an appeal with the State Tax Commission of Missouri. The appeal number and parcel number of my property can be found above.

I am protesting the assessment on the ground of:

   _____ Overvaluation
   _____ Discrimination
   _____ Misgraded Agricultural Land
   _____ Exemption
   _____ Misclassification

I believe the true value in money of my property should be $ ________________.

Sincerely,