

WEBER COUNTY  
BOARD OF EQUALIZATION  
2380 WASHINGTON BLVD., SUITE 320  
OGDEN, UT 84401-1456  
PHONE: (801) 399-8400  
FAX: (801) 399-8300

**TAXPAYER'S REQUEST FOR  
REVIEW OF MOTOR VEHICLE  
VALUE**

[http://www.webercountyutah.gov/clerk\\_auditor/appeal.php](http://www.webercountyutah.gov/clerk_auditor/appeal.php)



*You may appeal the value from your most recent valuation notice. Older valuations may not be appealed.*

**For Office Use Only**

Appeal No: \_\_\_\_\_

Revised Value: \_\_\_\_\_

Assessor's Office Rep: \_\_\_\_\_

Date: \_\_\_\_\_

1. Please check the type of vehicle you are requesting an evaluation for:

- Motor Home                       Commercial/Heavy Truck  
 Boat                                       Commercial/Utility Trailer

**Owner Information**

2. \_\_\_\_\_  
Owner's Last Name                                      First Name                                      Middle Name

3. \_\_\_\_\_  
Owner's Mailing Address                                      City & State                                      Zip Code

4. \_\_\_\_\_                      5. \_\_\_\_\_                      6. \_\_\_\_\_  
Owner's Phone Number (Primary)                      Owner's Phone Number (Secondary)                      Owner's Email Address

**Motor Vehicle Information**

7. \_\_\_\_\_  
Complete situs address where vehicle is kept                                      City & State                                      Zip Code

8. \_\_\_\_\_                      9. \_\_\_\_\_  
Market Value from Current Tax Notice                      Your Opinion of Value

**Please include a copy of your original Registration (Tax Notice) and documents that support your opinion of value.**

**Basis for Appeal**

10. Please select the reason you believe the assessed value is incorrect:

- a) \_\_\_\_\_ **Purchase of the Motor Vehicle.** Your recent purchase price is different than the assessed value.
- b) \_\_\_\_\_ **Significantly Damaged Condition.** As of January 1 of the current year, the motor vehicle is significantly damaged, affecting its value. Please attach the original signed affidavit from a bonded dealer or a bonded body shop that verifies the damage.
- c) \_\_\_\_\_ **Factual Error.** There is an error in the County's recorded characteristics of your motor vehicle. This must be an objective observation, and not an opinion of value. For example: length or number of axles.
- d) \_\_\_\_\_ **Other.** There are other circumstances that affect the value of the vehicle not listed here. Please provide an explanation and documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Motor Vehicle Details**

11. \_\_\_\_\_  
Vehicle Identification Number (VIN)

12. \_\_\_\_\_  
Year

13. \_\_\_\_\_  
Make

14. \_\_\_\_\_  
Model

**15. Motor Home**

a. Length: \_\_\_\_\_

b. Engine: \_\_\_\_\_

c. Number of Slides: \_\_\_\_\_

d. Choose One:  One stage  Two stage

**16. Boat (31 Feet or Longer)**

a. Overall Length: \_\_\_\_\_

b. Type:  Outboard Boat

c. Number of Engines: \_\_\_\_\_

Stern Drive & Inboard

d. Horsepower per Engine: \_\_\_\_\_

Outboard Motor

e. Number of Cylinders: \_\_\_\_\_

**17. Commercial and Utility Trailers**

a. Length: \_\_\_\_\_

b. Type:  Flat Bed  Electric Van

c. Width: \_\_\_\_\_

Refrigerated  Stainless Steel Tanker

d. Height: \_\_\_\_\_

Lowboy  Aluminum Tanker

e. Axle Count: \_\_\_\_\_

Drop Deck  Pneumatic Tank

f. Hitch Style

Tilt Deck  Livestock

Semi

Drop Frame

Grain

Gooseneck

Car Hauler

Side/End Dump

Bumper Pull

Dry Freight

Bottom Dump

**18. Commercial/Heavy Truck**

a. Model Number: \_\_\_\_\_

b. Type:  Sleeper

c. Air Brakes: \_\_\_\_\_

Non Sleeper

d. Power Steering : \_\_\_\_\_

e. Axle Count: \_\_\_\_\_

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**OATH AND SIGNATURE**

**Under penalties of perjury, I declare that I am a lawful resident of Weber County and, to the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct and complete.**

19. Owner's Signature: \_\_\_\_\_

20. Date: \_\_\_\_\_

If someone other than the owner is preparing and/or signing the form, please attach a copy of the authorization form or Power of Attorney

Full Name of Person Preparing This Form: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Person Preparing This Form: \_\_\_\_\_