

KING COUNTY BOARD OF APPEALS AND EQUALIZATION HEARING PARTICIPATION FORM

Instructions: Use this form to request a withdrawal, hearing reschedule, or alternate hearing accommodations.

Mail to: King County Board of Equalization
516 Third Avenue, #1222, Seattle, WA 98104
OR
Email to: BOE@kingcounty.gov

For office use only

1. PETITION IDENTIFICATION

Petition Number

Account/Parcel Number

If additional petitions are affected, include list. Number of pages: _____

2. REQUESTED HEARING PARTICIPATION SELECTION

Check the following statement that applies (only check one):

1. I hereby WITHDRAW my appeal. I understand a hearing will not be held and this appeal will be resolved.
2. I AGREE TO THE ASSESSOR'S RECOMMENDED VALUE of \$_____. I understand I do not need to participate in a hearing unless the Board needs further information to support the recommended value. I would like the Board to review the recommended value: On my assigned hearing date OR As soon as possible
3. I will NOT ATTEND. Please make a determination on my appeal based on the submitted evidence. I would like the Board to review my appeal: On my assigned hearing date OR As soon as possible
4. I will PARTICIPATE VIA PHONE. I will call 206-477-3400 at my scheduled hearing time.
5. I would like to request a one-time RESCHEDULE of my hearing. This request is being made within 7 business days of the mailing date on my hearing notice.
6. I would like an INTERPRETER that speaks _____ at my hearing.
7. I am unable to submit evidence at this time and I will not participate in the hearing; however, I would like the Board to issue a decision on my appeal which will ALLOW ME TO FILE AN APPEAL WITH THE WSBTA.
8. I request to appear IN-PERSON at the Board's offices. I understand members and examiners will not be in-person.

*Please Note: All hearings are conducted remotely by board members and hearing examiners. If you select this option, the Board's staff will set-up a video conference for you at our offices so you can see the members and examiners from their remote locations.

3. CERTIFICATION

I hereby certify I am authorized to transact business relating to the assessment appeal of the above identified property.

Signature of Petitioner/Authorized Agent

Date

Printed Name (and Title if applicable)

Phone Number

Company Name (if applicable)

Email Address

Please Call 206-477-3400 or email BOE@kingcounty.gov with any questions regarding this form.

Notes:

- Withdrawal Requests – A petitioner may withdraw a petition as a matter of right by written notice if received by the Board up to the time of the hearing. Only the petitioner or authorized agent can withdraw an appeal (ref. WAC 458-14-076(1)).
- Reschedule Requests – A one-time reschedule request will be approved by the Board if made within 7 business days of the mailing date printed on the hearing notice. If it is past 7 business days of the mailing date of your hearing notice, please email BOE@kingcounty.gov to request a continuance of your appeal. You must specify why you have good and sufficient cause for this request. Until the Board has notified you of an approval, your assigned hearing date stands.