

# Sheridan/Alder Park District Assessment Appeal Form

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dwelling Type:** \_\_\_\_\_

**Year Built:** \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_

**Reason for Appeal:** \_\_\_\_\_

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

**Other Comments:** \_\_\_\_\_

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

**Sheridan Park District Review:**      Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

**Reason for Decision:** \_\_\_\_\_

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

**Authorized Signature:** \_\_\_\_\_

Sheridan/Alder Park District Chair

Return form to: Sheridan/Alder Park District, PO Box 472, Sheridan, MT 59749