

KNOX COUNTY AUDITOR - INFORMAL REVIEW FORM

TAXPAYER INFORMATION

NAME: _____	DATE: _____	
ADDRESS: _____		
CITY/STATE/ZIP: _____		
PARCEL NUMBER(S): _____		
PHONE NUMBER: _____	BEST TIME TO CALL: _____	
MAIN CONCERN: _____		

CLASS/LUC: _____	NEIGHBORHOOD: _____	
NATURE OF REVIEW: _____		

_____ INQUIRY	_____ DATA	_____ VALUE
OWNER'S OPINION OF VALUE: _____		

OFFICE USE ONLY

INTERVIEW DETAILS: _____

ACTION TAKEN: _____ NO CHANGE _____ FIELD REVIEW
_____ COMPARABLE VALUE _____ ADJUSTED VALUE
COMMENTS: _____

APPRAISER'S INFORMATION: _____ HANDLED BY: _____
DATE CALLED: _____ APPOINTMENT WITH: _____
OWNER: _____ REPRESENTATIVE: _____
APPOINTMENT DATE: _____ TIME: _____