Sequence: _____

Appeal: _____

Appeal of Local Board Decisions

To: Minnehaha County Director of Equalization
415 N. Dakota Ave.
Sioux Falls, SD 57104

I _____ wish to appeal the decision of the _____

Township/City Local Board of Equalization to the Minnehaha County Board of Equalization.

This appeal is in regard to the following:

Parcel # _____ Address: _____

Legal Description: _____

_____

Signed: _____ Date: _____

Address: _____ Phone: _____

_____

This form must be returned to the Minnehaha County Equalization Office by April 5th.