



Board of Equalization
4430 South Adams County Parkway
5th Floor, Suite C5000A
Brighton, CO 80601-8204
PHONE 720.523.6105

BINDING ARBITRATION REQUEST FORM

Date: _____

Property Owner(s): _____

Name of Agent (if applicable): _____

Adams County Account Number: _____

Adams County Parcel Number: _____

Pursuant to C.R.S. § 39-8-108 I request binding arbitration as a means to appeal the 2019 decision of the Adams County Board of Equalization.

Within 10 business days of this notice, please send the 2019 Adams County Petition for Arbitration, Adams County Arbitration Rules and Procedures and the list of Adams County Arbitrators to:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature of Property Owner or Authorized Agent