



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 20____
decision of the Adams County Board of Equalization.

Please send the 20____ 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