

**JACKSON COUNTY, MISSOURI**

SAMPLE TAXPAYER/OWNER )  
 Complainant, )  
 v. )  
 Gail McCann Beatty, )  
 Director of Assessment, )  
 Jackson County, Missouri, )  
 Respondent, )

Parcel No: **SAMPLE PARCEL #**

**STIPULATION**

WHEREAS, the Complainant disagreed with the valuation for the above-referenced parcel for the tax year 2019 set forth in the **2019 Value of Record column**, below, and expressed a desire to file the above-referenced informal appeal of such valuation.

COME NOW, the parties in the above-referenced informal review and state that they have reached an agreement by stipulation. The parties have agreed that the valuation for the above-referenced parcel for the tax year 2019 shall be as set forth in the **Stipulated 2019 Value column**, below:

<b>VALUE TYPE</b>	<b>2019 VALUE OF RECORD</b>	<b>STIPULATED 2019 VALUE</b>
Assessed Value Improvement	«SAMPLE VALUE»	«SAMPLE VALUE»
Assessed Value Land	«SAMPLE VALUE»	«SAMPLE VALUE»
Assessed Value Total	«SAMPLE VALUE»	«SAMPLE VALUE»
Assessed Value Residential	«SAMPLE VALUE»	«SAMPLE VALUE»
Residential Improvement	«SAMPLE VALUE»	«SAMPLE VALUE»
Residential Land	«SAMPLE VALUE»	«SAMPLE VALUE»
<b>Market Value Total</b>	<b>«SAMPLE VALUE»</b>	<b>«SAMPLE VALUE»</b>
Taxable Value Land	«SAMPLE VALUE»	«SAMPLE VALUE»
Taxable Value Total	«SAMPLE VALUE»	«SAMPLE VALUE»
Taxable Value Residential	«SAMPLE VALUE»	«SAMPLE VALUE»

**The Complainant(s) hereby waives his/her/their right to appeal the above-referenced values to the Board of Equalization or the State Tax Commission.** The parties have reached an agreement and therefore the Complainant is no longer aggrieved. Complainant waives, releases and covenants not to further appeal, further defend, sue, or otherwise contest the 2019 valuation of the above-referenced parcel. The “Stipulated 2019 Value” is not intended as evidence of fair market value prior to this agreement being fully executed.

\_\_\_\_\_  
 Complainant (Signature)

\_\_\_\_\_  
 Gail McCann Beatty  
 Director of Assessment  
 Jackson County Courthouse  
 415 East 12th Street  
 Kansas City, Missouri 64106

\_\_\_\_\_  
 Complainant (Print Name)

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

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

Subject to the final approval of the Office of the Jackson County Counselor.

To accept the above-referenced stipulation, **you must sign and date the stipulation where indicated and return it no later than [DATE]** via email to [stipreturn@jacksongov.org](mailto:stipreturn@jacksongov.org) or via fax to 816-881-1388.