ADV: WP
4/07

ALABAMA DEPARTMENT OF REVENUE
PROPERTY TAX DIVISION
Work Report

Report of _____ County Board of Equalization for _____, 20_____

Duties performed, such as assessments reviewed, property inspected, etc.

DATE	TYPE OF WORK	NUMBER	AMOUNT OF INCREASE	AMOUNT OF DECREASE
			$	$
TOTAL				

This is to certify that the above is a true and accurate statement of the work performed by the Board of Equalization of _____ County for the period indicated.

_____ CHAIRMAN

_____ MEMBER

_____ MEMBER

Submit original only to **Alabama Department of Revenue, Property Tax Division, P.O. Box 327210, Montgomery, AL 36132-7210**