

# NOTICE

## Upcoming Appointment of Hall County Board of Equalization

In accordance with Georgia laws (O.C.G.A. § 45-5-311), the Hall County Grand Jury is required to appoint a member and an alternate member of the Hall County Board of Equalization each fall during the September term of the Superior Court of Hall County.

Any resident of Hall County having the following qualifications and an interest in serving on the board may nominate themselves for appointment by submitting a nomination form as indicated below:

### Qualifications

1. Each person who is, in the judgment of the appointing grand jury, qualified and competent to serve as a grand juror, who is the owner of real property, and who is at least a high school graduate shall be qualified, competent, and compellable to serve as a member or alternate member of the board. No member of the governing authority of a county, municipality, or consolidated government; member of a county or independent board of education; member of the county board of tax assessors; employee of the county board of tax assessors; or county tax appraiser shall be competent to serve as a member or alternate member of the board of equalization.
2. Each member shall satisfactorily complete not less than 40 hours of instruction in appraisal and equalization processes and procedures, as prepared and required by the commissioner within the first year after a member's initial appointment to the board of equalization. The failure of any member to fulfill the requirements of this subparagraph shall render that member ineligible to serve on the board; and the vacancy created thereby shall be filled in the same manner as other vacancies on the board are filled.
3. No person shall be eligible to hear an appeal as a member of a board of equalization unless, prior to hearing such appeal, that person shall satisfactorily complete the 40 hours of instruction in appraisal and equalization processes and procedures required by law. Any person appointed to such board shall be required to complete annually a continuing education requirement of at least eight hours of instruction in appraisal and equalization procedures, as prepared and required by the commissioner. The failure of any member to fulfill the requirements of this subparagraph shall render that member ineligible to serve on the board; and the vacancy created thereby shall be filled in the same manner as other vacancies on the board are filled.

### Term of Office

Members and alternate members of the Board of Equalization serve a three-year term of office. The term of office of persons appointed by the Grand Jury for the term of office described herein shall begin on January 1, \_\_\_\_\_ and end on December 31, \_\_\_\_\_.

### Nomination Form

Please complete the following form and mail it by \_\_\_\_\_ to:

**Clerk of Superior Court of Hall County**  
**Post Office Box 1336**  
**Gainesville, Georgia 30503**

Please note on front side of the envelope in which the form is mailed the following:

**Attention: Board of Equalization**

# APPLICATION/NOMINATION FORM

## Hall County Board of Equalization

<b>A. Name:</b>				
	First	Middle	Last	Lineage
<b>B. Address:</b>				
	P.O. Box/Street Address	City	State	Zip/Zip4
<b>C. Education:</b>	Indicate the highest level completed:	High school <input type="checkbox"/>	Grade completed: _____	
		College <input type="checkbox"/>	(Complete next section)	
	School/College/University	Degree(s) Obtained		Years of Study
<b>E. Civic Involvement</b>	Indicate civic clubs, organization, etc. in which you are involved and offices held, if any.			
<b>F. Elected posts held</b>	Indicate any elected office(s), governmental or otherwise, you have held or currently hold			Term(s) of Office
<b>G. Qualifications</b>	Indicate additional credentials that you possess that you believe uniquely qualify you for appointment as a board of equalization member.			

**H. References**

Please provide the names, addresses, and telephone numbers for three (3) persons with whom you have worked or have close personal relationships

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Name	Address	City	Zip	Phone Number
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Name	Address	City	Zip	Phone Number
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Name	Address	City	Zip	Phone Number
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**Additional information:**