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**County Board of Appeal and Equalization Certification Form for 2025**

The County Board of Appeal and Equalization(CBAE) must complete and sign the County Board of Appeal and Equalization Certification Form for each meeting. At the end of each CBAE meeting, the county assessor takes possession of the completed forms.

**Note:** If a CBAE completes its work in less than 10 days, it may adjourn at that time. No action taken by the CBAE after June 30 is valid. If the board calls a recess, a quorum also must be present at the reconvene meeting for the board to take valid action. In order to verify that the quorum requirement was met, the board must complete and sign a County Board of Appeal and Equalization Certification Form for each reconvene meeting. The date and time for the reconvene meeting must be determined before the initial meeting is recessed. Once the CBAE has adjourned they cannot reconvene.

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| **Section 1** – The following information must be completed at the beginning of the meeting. | | | | | | | | |
|  | | | | | | | | |
| County name | | | | | | | | |
| Meeting (check one):  convened or reconvened | | Date | | | | Time | | a.m. p.m. |
| Appointments Requested: Yes No | | Were appointments offered beyond 7:00pm: Yes No | | | | | |  |
| Meeting (check one)  Recessed  Adjourned       date       time a.m.p.m. | | | | | | | |  |
|  | | | | | | | | |
| **County Board Members** | | | | | | | | |
| List all voting members of the CBAE and indicate if each member was present or absent. All members present at the meeting must sign this form. By signing this form, you certify that:   * you attended the CBAE meeting along with the other board members marked as present on this form; * the board heard appeals for the parcels listed and voted to act as indicated on the CBAE Record Form; and * no board member participated in changes made to property owned by the board member, the board member's spouse, parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the board member, or any property in which the board member has a financial interest.   For each **voting member** present, check "Yes" or "No" indicating if the member has completed the training required under Minnesota Statutes, Section 274.135 within the last four years. **All voting members present at the meeting must sign this form.** | | | | | | | | |
| **Print names of all *voting* members** | **Title** | | **Attendance** | | **Training certified** | | **Signature** (for those in attendance only) | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  |  | | Present Absent | | Yes No | | **X** | |
|  | | | | | | | | |
| **Section 2 – Assessment Personnel** | | | | | | | | |
| This section must be completed by the county assessor and by the county auditor (or, if the auditor cannot be present, the deputy county auditor, or, if there is no deputy, the court administrator of the district court). | | | | | | | | |
| County auditor (print name)    County auditor signature  **X** | | | | **Other Assessment personnel present**  Please list additional names on the back of this form. | | | | |
|  | | | | Name Title  Name Title  Name Title | | | | |
| County assessor (print name)    County assessor signature  **X** | | | | Name Title | | | | |
|  | | | | Name Title | | | | |
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**Note:** The CBAE cannot reduce the jurisdiction's total EMV by more than 1 percent. If the total amount of adjustments lowers the jurisdiction's total EMV by more than 1 percent, none of the adjustments will be allowed.