

PAYMENT UNDER PROTEST APPLICATION  
(Excluding Illegal Levy)

(K.S.A. 79-2005)

APPLICANT:

\_\_\_\_\_  
Applicant Name (Owner of Record)

\_\_\_\_\_  
Applicant Address (Street or Box No.)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Applicant Phone #:( )

\_\_\_\_\_  
Applicant E-mail:

(For Official use only)

ATTORNEY OR REPRESENTATIVE: (If applicable)\*

\_\_\_\_\_  
Representative Name Title

\_\_\_\_\_  
Representative Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Atty/Rep Phone #:( )

\_\_\_\_\_  
Representative E-mail:

\*Note: If you are represented by an attorney or other individual, you must provide an Entry of Appearance or a current Declaration of Representative Form.

\_\_\_\_\_  
Taxing County:

\_\_\_\_\_  
Year/Years at issue:

Property at issue:

Real Property---Street address, city: \_\_\_\_\_

Personal Property---Description: \_\_\_\_\_

Parcel ID #/Personal Property ID#  
or Vehicle ID #: \_\_\_\_\_

