

RESIDENTIAL ASSESSMENT APPEAL FORM

FILING FEE – RESIDENTIAL - \$25.00

OWNER (S) NAME _____

MAILING ADDRESS _____

ADDRESS OF PROPERTY SUBJECT TO APPEAL _____

MAP PARCEL NUMBER _____ CONTROL NUMBER _____

PROPERTY TYPE:

Single Family _____ Duplex _____

Vacant land _____ Triplex _____

If rental property, amount of annual rent: _____

Date Acquired _____ Purchase Price _____

Are you appealing the Fair Market Value: _____

Owners Opinion of Fair Market Value: _____

MOBILE HOME INFORMATION:

YEAR: _____ SIZE: _____ x _____ MAKE: _____ PURCHASE PRICE: _____

BASIS FOR APPEAL:

List Recent Comparable Sales of Property – List only local comparable properties which have been sold within the past two (2) years.

| Owner(s) | Address | Sale Date | Purchase Price |
|----------|---------|-----------|----------------|
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ALL NOTICES OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S) OF RECORD AND TO THE OWNERS' ATTORNEY OR AUTHORIZED REPRESENTATIVE LISTED BELOW:

Name: _____

Address: _____

CHECK ONE:

_____ **I request that the Board render a decision based on information submitted.**

_____ **I request a formal hearing on this matter.**

PLEASE READ BEFORE SIGNING: Any person who knowingly submits information that is false, shall be subject to prosecution as a misdemeanor of the third degree and a fine of up to \$2,500.00.

I, certify that all of the above information is true and correct.

Property owner signature

Date

Print Name _____

Phone Number: _____

ADDITIONAL INFORMATION YOU WISH TO PROVIDE:

