

RESIDENTIAL ASSESSMENT APPEAL FORM

FILING FEE – RESIDENTIAL - \$25.00

APPELLANT NAME _____

MAILING ADDRESS _____

ADDRESS OF PROPERTY SUBJECT TO APPEAL _____

MAP PARCEL NUMBER _____ CONTROL NUMBER _____

PROPERTY OWNER'S NAME: _____

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: _____

Appellant's 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

ALL NOTICES OF PROCEEDINGS WILL BE MAILED TO THE APPELLANT, OWNER(S) OF RECORD AND TO THE OWNERS' ATTORNEY OR AUTHORIZED REPRESENTATIVE LISTED BELOW, IF ANY:

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.

Appellant's signature

Date

Print Name _____

Phone Number: _____

ADDITIONAL INFORMATION YOU WISH TO PROVIDE:
