

Assessment Appeal Application for Residential

Under the provision of law any person* aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals on or before September 1st. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for a hearing. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE SEPTEMBER 1ST. AS SET FORTH BY LAW **along with cash, check or money order for \$25.00 per parcel.**

Make checks payable to "Union County Treasurer". (*) includes taxing district

ALL QUESTIONS MUST BE ANSWERED TO QUALIFY FOR HEARING

RECORD OWNER (S) NAME: _____

MAILING ADDRESS: _____

PROPERTY SUBJECT OF APPEAL: _____
NUMBER STREET BORO/TOWNSHIP

ASSESSORS TAX MAP IDENTIFICATION #: _____
DISTRICT MAP PARCEL SUFFIX

ASSESSMENT APPEALED \$ _____ OPINION OF VALUE OF THIS PROPERTY \$ _____

DATE PURCHASED ___/___/___ PURCHASE PRICE _____ AMOUNT OF FIRE INSURANCE _____

STATE REASONS FOR FILING THIS APPEAL: _____

CURRENT USE OF THE PROPERTY: _____

TOTAL ACREAGE: _____ TOTAL ACRES OF TILLABLE LAND: _____

TOTAL ACRES OF WOODLAND: _____ TOTAL ACRES OF WASTELAND: _____

1 RESIDENCE: NUMBER OF STORIES _____ TOTAL ROOMS _____ BEDROOMS _____ FAMILY ROOM _____
FULL BATHS _____ HALF BATHS _____ GARAGE (CARS) _____ CARPORT _____ FIREPLACE _____ CENTRAL AIR _____

2 RESIDENCE: NUMBER OF STORIES _____ TOTAL ROOMS _____ BEDROOMS _____ FAMILY ROOM _____
FULL BATHS _____ HALF BATHS _____ GARAGE (CARS) _____ CARPORT _____ FIREPLACE _____ CENTRAL AIR _____

OUTBUILDINGS: _____

SPECIAL CONDITIONS OF SALE: _____

HOW WAS PROPERTY ACQUIRED: PRIVATE SALE _____ AUCTION _____ OPEN MARKET _____ FAMILY _____
INHERITED _____ OTHER _____

CERTIFICATE OF APPEAL

I / WE HEREBY DECLARE MY/OUR INTENTION TO APPEAL FROM THE ASSESSED VALUATION OF THE PROPERTY DESCRIBED ABOVE AND DO HEREBY VERIFY THAT THE STATEMENTS MADE IN THIS APPEAL ARE TRUE AND CORRECT. I / WE UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA CS SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNED: _____

DATE: _____

OWNER (S) OF RECORD

PHONE #: (HOME) _____

(DAY/OFFICE) _____

ALL NOTICE OF PROCEEDINGS WILL BE MAILED TO THE OWNER (S) OF RECORD AND SUCH OTHER AS IDENTIFIED BELOW:

NAME: _____

ADDRESS: _____