

UNION COUNTY REAL ESTATE ASSESSMENT APPEAL FORM

Return to: UNION COUNTY ASSESSMENT OFFICE, 103 S 2ND ST, LEWISBURG, PA 17837

Under the provisions of the law, any *person aggrieved by any assessment and desiring to appeal, shall file a statement, in writing, to the Board of Assessment Appeals. 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. IN THE YEAR OF A REASSESSMENT: NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS THE PROPERTY OWNER SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS WITH 30 DAYS OF RECEIPT OF YOUR NOTICE OF ASSESSMENT, AS SET FORTH BY LAW. IN A NORMAL ASSESSMENT YEAR: NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS THE PROPERTY OWNER SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE SEPTEMBER 1, AS SET FORTH BY LAW.

*Includes taxing districts.

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RECORD OWNER(S) NAME _____

MAILING ADDRESS _____

PROPERTY SUBJECT TO APPEAL _____

TAX MAP IDENTIFICATION NUMBER _____

Are you Appealing Fair Market Value Yes No

Clean & Green Value Yes No Other ? _____

BUILDING AND/OR LAND USE _____

DESCRIBE PROPERTY TYPE: (Check one) Residential Agricultural

Vacant Land Commercial Industrial Minerals

LOT SIZE/ACREAGE _____ DATE PURCHASED _____

PURCHASE PRICE _____ VALUE APPEALED _____

OWNER'S OPINION OF VALUE _____

CERTIFIED APPRAISER'S OPINION OF VALUE _____

AMOUNT OF FIRE INSURANCE _____

IF PROPERTY RENTED, STATE ANNUAL RENT _____

MOBILE HOME INFORMATION:

YEAR _____ SIZE _____ MAKE _____ PURCHASE PRICE _____

BASIS FOR APPEAL (State specific reasons and basis for appeal, including all factors which you believe will be helpful in determining true Fair Market Value): _____

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

NAME _____

ADDRESS _____

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 understand that false statements herein are made subject to the penalties of 18 Pennsylvania C.S. Section 4904, relating to unsworn falsification to authorities.

Signed _____ Date _____

_____ Date _____

Telephone (home) _____ (work) _____