

Susquehanna County
ASSESSMENT APPEAL FORM

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 **on or before August 1st or within 40 days of receiving notice of valuation**. Such statement shall identify the following: Appellant, property location, owner, assessment or assessments to which the person is aggrieved, address to which notice of time and place for hearing shall be mailed. The same procedure and deadlines shall apply to a request for real estate tax exemption.

Reason for Appeal (check all that apply):

Change Notice: _____ *Annual:* _____ *Clean and Green:* _____ *Homestead/Farmstead:* _____ *Other:* _____

PROPERTY OWNER(S) NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS SUBJECT TO APPEAL: _____

TAX MAP IDENTIFICATION NUMBER: _____

BUILDING AND/OR LAND USE: _____

DESCRIBE PROPERTY TYPE (CHECK ONE): _____ Residential _____ Agricultural _____ Vacant Land
 _____ Commercial _____ Industrial _____ Mineral

LOT SIZE/ACREAGE: _____

DATE PURCHASED: _____ PURCHASE PRICE: _____

VALUE APPEALED: _____ OWNER'S OPINION OF VALUE: _____

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*):

LIST RECENT COMPARABLE SALES (*Note: Please list only local comparable properties which have been sold recently; comparisons to your neighbor's property, for example, which have not changed ownership recently, will not be considered*):

SELLER(S)	ADDRESS	PARCEL NUMBER	SALE PRICE	SALE DATE

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 or other such basis as identified 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: _____

_____ TELEPHONE (home) _____

_____ TELEPHONE (work) _____

Owner(s) of Record

TAXING BODY WISHING TO APPEAL:

MUNICIPALITY AND/OR SCHOOL DISTRICT: _____

TITLE: _____ TELEPHONE: _____

SIGNED: _____ DATE: _____