COMMERCIAL AND INDUSTRIAL ASSESSMENT APPEAL FORM

FILING FEE: COMMERCIAL/INDUSTRIAL - $100.00
EXEMPT STATUS - $50.00

OWNER(S) NAME__________________________________________________________

MAILING ADDRESS_______________________________________________________

ADDRESS OF PROPERTY SUBJECT TO APPEAL__________________________________

________________________________________________________________________

MAP PARCEL NUMBER________________________ CONTROL NUMBER:____________

PROPERTY TYPE: Check and complete proper classification:

_________ COMMERCIAL:    USE: _______________________________________

OWNER OCCUPIED ____________    TENANT OCCUPIED_______________________

(ATTACH THREE (3) YEARS OF INCOME AND EXPENSE STATEMENTS)

_________ INDUSTRIAL:    SQUARE FEET OFFICE AREA _____________

IF LEASED, ANNUAL RENT______________ SQUARE FEET PLANT AREA___________

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_________ APARTMENT BUILDING    GROSS SQUARE FEET ______________

(ATTACH THREE (3) YEARS OF INCOME AND EXPENSE STATEMENTS)

NUMBER OF UNITS ____________

____________________________

_________ OFFICE BUILDING:    GROSS SQUARE FEET ______________

OWNER OCCUPIED ________________    TENANT OCCUPIED____________________

(ATTACH THREE (3) YEARS OF INCOME AND EXPENSE STATEMENTS)

____________________________

_________ EXEMPT STATUS:    USE:_____________________________

(ATTACH COPIES OF BY-LAWS, 501C EXEMPTION, LAST THREE (3) YEARS OF INCOME
AND EXPENSE STATEMENTS AND LIST OF OFFICERS, IF APPLICABLE)

LOT SIZE OR ACREAGE _________________________

DATE PURCHASED ________________________    PURCHASE PRICE ___________________
ASSESSMENT APPEALED _____________________
OWNERS’S OPINION OF FAIR MARKET VALUE ______________________________

BASIS FOR APPEAL: ________________________________

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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: ______________________________________________________________

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.

SIGNATURE _____________________ DATE _____________________
(OWNER SIGNATURE)

PRINT NAME _____________________________________________________________

ADDITIONAL INFORMATION YOU MAY WISH TO PROVIDE: ___________________

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