RESIDENTIAL ASSESSMENT APPEAL FORM

FILING FEE – RESIDENTIAL - $25.00

OWNER (S) NAME______________________________________________________________

MAILING ADDRESS________________________________________________________________

ADDRESS OF PROPERTY SUBJECT TO APPEAL________________________________________

________________________________________________________________________________

MAP PARCEL NUMBER_________________ CONTROL NUMBER________________________

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:________________________

Fair Market Value Appealed:________________________

Owners 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.

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Address</th>
<th>Sale Date</th>
<th>Purchase Price</th>
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</table>
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:_______________________________________________________________

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.

_________________________________________   ________________________________
Property owner signature                  Date

Print Name________________________________________

ADDITIONAL INFORMATION YOU WISH TO PROVIDE:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________