

DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS

AGRICULTURAL USE APPEAL FORM

Under the provisions 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 August 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 THE APPELLANT FILES BOTH THE APPEAL AND REQUIRED DOCUMENTS: 1) BEFORE AUGUST 1ST FOR ANNUAL APPEALS, OR 2) WITHIN 40 DAYS FROM A NEW OR REVISED ASSESSMENT.

(\* Includes taxing districts)

TAX MAP IDENTIFICATION NUMBER: \_\_\_\_\_  
DISTRICT MAP PARCEL LOT TRLR

RECORD OWNER'S NAME (S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY SUBJECT OF APPEAL: \_\_\_\_\_

State Reasons for filing this appeal: \_\_\_\_\_

Total Assessment		Opinion of Market Value	
Land:	\$ _____	Current Market Value	\$ _____
Improvements:	\$ _____	Common Level Ratio	X _____
Total:	\$ _____	Indicated Assmt. by CLR	\$ _____

Recite Sales Supporting Opinion of Current Market Value

Property Owner	Property Location	Date Sold	Sale Price
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CHECK ONE OF THE FOLLOWING STATEMENTS

I/we have reviewed the property record card in the assessment office for the property that is the subject of this appeal and find the information contained thereon accurate as to the building size and physical description of the property.

I/we have reviewed the property record card in the assessment office for the property that is the subject of this appeal and find the information contained thereon inaccurate as to the building size and/or physical description of the property. If any information and/or description is not accurate, attach an explanatory statement.

I/we have not reviewed the property record card in the assessment office for the property that is the subject of this appeal.

OVER

**PROPERTY DATA**

**Existing Construction**

Original Purchase Price \$ \_\_\_\_\_ Date of Purchase \_\_\_\_/\_\_\_\_/\_\_\_\_  
Did the above price include anything other than the above real estate? [ yes ] [ no ] If "yes",  
explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major improvements, alterations, additions, or demolitions to the property  
since purchase? [ yes ] [ no ]  
If "yes", describe, including cost, when performed and specify if contractor erected or self-built.  
\_\_\_\_\_  
\_\_\_\_\_

**New Construction**

Purchase price of land \$ \_\_\_\_\_ Date of Purchase \_\_\_\_/\_\_\_\_/\_\_\_\_  
Construction Cost & date of Building(s) \$ \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Contractor erected or self built? \_\_\_\_\_  
Did the cost include anything other than the building listed above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any alterations or additions to the property since completion of the original  
construction? [ yes ] [ no ]  
If "yes", describe, including cost, when performed, and specify if contractor erected or self built.  
\_\_\_\_\_  
\_\_\_\_\_

Is the property presently for sale? [ yes ] \$ \_\_\_\_\_ [ no ]  
Is the property presently enrolled in ACT 319, Clean & Green? [ yes ] [ no ]  
\_\_\_\_\_  
\_\_\_\_\_

**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 Pa. C.S. Section  
4904, relating to unsworn falsification to authorities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Print Name (s) as Signed Above Phone # Home: \_\_\_\_\_  
Office: \_\_\_\_\_

**For Official Use Only**

Date Appeal Heard: \_\_\_\_\_ Field Checked Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of Property: \_\_\_\_\_ [ ] Interior [ ] Ext  
Hearing Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decision of Board: [ ] NO CHANGE [ ] ABANDONED FOR FAILURE TO APPEAR  
[ ] WITHDRAWN BY APPELLANT

REVISED FROM: L: \$ \_\_\_\_\_ TO \$ \_\_\_\_\_  
B: \$ \_\_\_\_\_ TO \$ \_\_\_\_\_  
T: \$ \_\_\_\_\_ TO \$ \_\_\_\_\_  
Effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Requires: Exoneration [ ]  
Refund [ ]  
INTERIM FROM: B: \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

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