DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS

APPLICATION FOR THE EXEMPTION OF REAL ESTATE

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 <u>BOTH</u> 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 RECORD OWNER'S NAME(S): MAILING ADDRESS: PROPERTY SUBJECT OF APPEAL: The property is now and since _____ has been used continuously and exclusively for the following purpose Present Land \$____ Improvements \$ Total \$ Assessment: ALL NOTICE OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S) OF RECORD NOTED ABOVE AND SUCH OTHER AS IDENTIFIED BELOW: NAME: ADDRESS: 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.

NOTE: ALL DOCUMENTATION REQUIRED BY THE BOARD'S RULES AND REGULATIONS MUST BE SUBMITTED ALONG WITH THIS APPLICATION.

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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:	F	Date: Phone # Home: Day) Office:
Print Name	and Title as Signed Above	
	For Official Us	e Only
Date Appeal Heard: Type of Property: Hearing Notes:	F	Field Checked Date: [] Interior [] Exterior
Decision of Board:	[] APPROVE EXEMPTION [] DENY EXEMPTION [] ABANDONED FOR FAILUI [] WITHDRAWN BY APPLICA	
REVISED FROM:	L: \$ TO B: \$ TO	\$ \$

		T:	\$ <u></u>	TO \$		
Effective:	l	!	1	_ Requires: Exoneration Refund	[] []	
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