APPEAL OF ACT 319 ROLLBACK TAX ASSESSMENTS

Tioga County Board of Revision 118 Main Street Wellsboro, Pa 16901

PLEASE TYPE OR PRINT:

Owner(s) Name:		Phone Numb	er:
Mailing Address:Street/No.	City	State	Zip
Location of Property Appealed:Stree	rt/No.	Municipality	(City/Twp./Borough)
Parcel Number(s):	Amount of Rollback	k Taxes:	
Under which Category is your parcel curr	rently enrolled :(Please Check	One)	
Agricultural Use:	Agricultural Reserve:	Forest Reserve	e:
Total Number of Acres enrolled in the ab	ove mentioned parcel(s):		
Reason for Appeal: Please list any objection & Green Rollback taxes. Attach appealing the amount of tax liability, n	any substantiating material	in support of your	s) were assessed objection. <u>You are</u>
The undersigned hereby requests a for Board of Revision in its office, 118 Mastatements herein are made subject to falsification to authorities.	in Street, Wellsboro, Pa 1690	1. I/we understand	that false
SIGNED:		DATE	

****This Form must be returned within 40 days of the date of Rollback Statement****
PLEASE REMEMBER TO:

*Fill the appeal form out in full

*Sign and date the form