

# TIOGA COUNTY ASSESSMENT APPEAL FORM

Under the provisions of the law, any person (includes taxing districts) aggrieved by any assessment and desiring to appeal, shall file a statement, in writing, to the Board of Assessment Appeals. 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. Please refer to the *Appeal Procedures, Rules, and Regulations* booklet for filing deadlines and information.

Please submit this appeal form to: Tioga County Board of Assessment Appeals, Tioga County Courthouse, 118 Main Street, Wellsboro, PA 16901.

OWNER(S) NAME (as listed by deed) \_\_\_\_\_

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

PROPERTY SUBJECT TO APPEAL \_\_\_\_\_  
Number Street \_\_\_\_\_  
City/Borough/Township \_\_\_\_\_

TAX PARCEL NUMBER \_\_\_\_\_ CONTROL NO. \_\_\_\_\_

Are you appealing *Fair Market Value*? \_\_Yes \_\_No *Clean and Green Value*? \_\_Yes \_\_No Other? \_\_\_\_\_

BUILDING AND/OR LAND USE \_\_\_\_\_

DESCRIBE PROPERTY TYPE (Check one):    \_\_\_ Residential    \_\_\_ Agricultural    \_\_\_ Vacant Land  
                                                          \_\_\_ Commercial    \_\_\_ Industrial    \_\_\_ Minerals

LOT SIZE/ACREAGE \_\_\_\_\_

DATE PURCHASED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_

FAIR MARKET VALUE APPEALED \_\_\_\_\_ (as listed on value notice)

OWNER'S OPINION OF FAIR MARKET VALUE \_\_\_\_\_

CERTIFIED APPRAISER'S OPINION OF FAIR MARKET VALUE \_\_\_\_\_

AMOUNT OF FIRE INSURANCE \_\_\_\_\_

IF PROPERTY IS RENTED, STATE ANNUAL RENT \_\_\_\_\_

MOBILE HOME INFORMATION: PURCHASE PRICE \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_

YEAR \_\_\_\_\_ SIZE \_\_\_\_\_ x \_\_\_\_\_ MAKE \_\_\_\_\_

BASIS FOR APPEAL (*State specific reasons and basis for appeal, including all factors which you believe will be helpful in determining Fair Market Value.*):  
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Name \_\_\_\_\_ Parcel No. \_\_\_\_\_ Control No. \_\_\_\_\_ Type of Appeal:  Change of Value Notice  Clean & Green  Regular Appeal for September  
OFFICIAL USE ONLY Date of Informal \_\_\_\_\_ by  Telephone  Office Visit Date of Formal Hearing \_\_\_\_\_ Time \_\_\_\_\_ (a.m./p.m.) Initials \_\_\_\_\_

LIST RECENT COMPARABLE SALES (Note: Please list only local comparable properties which have been sold recently; comparisons to your neighbor's property, for example, which have not changed ownership recently, will not be considered.):

SELLER(S)	ADDRESS	PARCEL NUMBER	SALE	
			Price	Date

All notices of proceedings will be mailed to owner(s) of record and such other as identified below:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ TELEPHONE (home) \_\_\_\_\_

\_\_\_\_\_ TELEPHONE (work) \_\_\_\_\_

Owner(s) of Record

**ADDITIONAL INFORMATION:**

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