

# NORTHAMPTON COUNTY REAL ESTATE RESIDENTIAL TAX ASSESSMENT APPEAL

Under the provisions of law any persons aggrieved by an assessment desiring to appeal shall file a statement in writing, with the Board of Assessment Appeals **ON OR BEFORE SEPTEMBER 1<sup>ST</sup>**. 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. **THE BOARD SHALL HEAR NO APPEAL UNLESS APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE SEPTEMBER 1<sup>ST</sup>, AS SET FORTH BY LAW. Please return form to Northampton County Courthouse, Revenue Appeals Board, 669 Washington St, Easton PA 18042-7475**

RECORD OWNER(S) NAME (NAME ON DEED) \_\_\_\_\_

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

STREET ADDRESS OF SUBJECT OF APPEAL \_\_\_\_\_

TAX MAP IDENTIFICATION# \_\_\_\_\_

	District	Map	Block	Lot
BUILDING AND/OR LAND USE _____				

TOTAL ROOMS _____	BEDROOMS _____	FAMILY ROOM _____	BASEMENT _____
FULL BATHS _____	HALF BATHS _____	FIREPLACE _____	CENTRAL AIR _____
GARAGE (CARS) _____	CARPORT _____		

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

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

LIST PRESENT APPRAISED VALUE \_\_\_\_\_ LIST PRESENT ASSESSED VALUE \_\_\_\_\_

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

YOUR OPINION OF VALUE \_\_\_\_\_

STATE REASONS FOR FILING THIS APPEAL \_\_\_\_\_

**COMPARABLE PROPERTIES USED MUST BE LISTED ON FORM BELOW.**

PROPERTY OWNER	SITE ADDRESS	MAP/BLOCK/LOT	DATE SOLD	PURCHASE PRICE

**CERTIFICATE OF APPEAL**

I/We hereby declare my/our intentions to appeal from the assessed value 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: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DAY/OFFICE: \_\_\_\_\_

NOTICES OF PROCEEDINGS SHALL BE MAILED TO OWNER(S) AND THE PERSON(S) AS IDENTIFIED BELOW:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_