

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 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. **THE BOARD SHALL HEAR NO APPEAL UNLESS APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE AUGUST 1ST, 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 _____