

NON-REFUNDABLE FEE - \$250.00 PER PARCEL – RESCHEDULING FEE - \$25.00 PER PARCEL



**NORTHAMPTON COUNTY APPLICATION FOR THE EXEMPTION
OF REAL ESTATE**

Under the provisions of law any persons 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. **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: _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____

TAX MAP IDENTIFICATION #: _____
Number Street

District Map/Block/Lot

THERE IS ERECTED ON SAID PROPERTY: _____

SIZE OF BUILDING(S) IMPROVEMENT(S): _____

SIZE OF LOT(S): _____

PART OF THE GROUND NOT COVERED BY THE PRESENT BUILDING(S)/ IMPROVEMENT(S):
IS/ARE USED FOR _____

DATE PROPERTY ACQUIRED _____

CURRENT USE OF PROPERTY _____

LEGAL BASIS AND STATUTORY CITATION FOR EXEMPTION: _____

NO RENT, REVENUE, OR INCOME IS OR WILL BE DERIVED THEREFROM.
EXCEPT: _____

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. CS Section 4904, relating to unsworn falsification to authorities.

SIGNED: _____ **DATE:** _____

OWNER(S) OF RECORD _____ **PHONE: (HOME)** _____
(DAY/OFFICE) _____

**ALL NOTICE OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S) OF RECORD AND THE
PERSON(S) IDENTIFIED BELOW:**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

CHECKLIST

- 1. READ THE INSTRUCTIONS**
- 2. ONE PARCEL PER APPLICATION**
- 3. SIGN THE APPLICATION**
- 4. ENCLOSE A CHECK FOR THE CORRECT AMOUNT -- \$250.00 PER PARCEL, NON-REFUNDABLE, RESCHEDULING FEE \$25.00 PER PARCEL**
- 5. MAKE THE CHECK PAYABLE TO "COUNTY OF NORTHAMPTON"**
- 6. LIST THE PARCEL ID & TELEPHONE NUMBER ON THE CHECK**
- 7. IF A RETURN RECEIPT IS REQUESTED, PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE**