

NON-REFUNDABLE FEE - \$25.00 PER PARCEL, CLASS ACTION - \$100.00 PLUS \$25.00 PER PARCEL
RESCHEDULING FEE - \$25.00 PER PARCEL



**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 CURRENT MARKET VALUE _____ LIST CURRENT ASSESSMENT _____

IF PROPERTY IS RENTED, STATE ANNUAL RENT _____

YOUR OPINION OF VALUE _____

STATE REASONS FOR FILING THIS APPEAL _____

MOST RECENT SALES OF COMPARABLE PROPERTIES MUST BE LISTED 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 _____

CHECKLIST

- 1. READ THE INSTRUCTIONS
- 2. ONE PARCEL PER APPLICATION
- 3. SIGN THE APPLICATION
- 4. ENCLOSE A CHECK FOR THE CORRECT AMOUNT -- \$25.00 PER PARCEL, CLASS ACTION - \$100.00 PLUS \$25.00 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