

WARREN COUNTY ASSESSMENT APPEAL FORM

204 FOURTH AVENUE

WARREN, PA. 16365

Under provisions of the law, any person (including 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. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS THE PROPERTY OWNER SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE SEPTEMBER 1, AS SET FORTH BY LAW.

PARCEL NUMBER _____ TOWNSHIP/BORO _____

ASSESSED VALUATION: Land _____ Building _____ Total _____

OWNER _____

MAILING ADDRESS _____

LOCATION OF PROPERTY _____

PHONE NUMBER _____

PROPERTY TYPE: CHECK & COMPLETE PROPER CLASSIFICATION

Size of Lot: _____ Acres OR _____ Square Feet

RESIDENTIAL: Year(s) Built _____ Total Rooms _____ Bedrooms _____ Baths-Full _____ Half _____
Fireplace(s) _____ Central Air _____ Total Square Feet _____ Fin. Bsmt(sq.ft) _____

MOBILE HOME: Year _____ Make/Model _____ Size _____
Total Rooms _____ Bedrooms _____ Baths _____ Fireplace _____ Central Air _____

COMMERCIAL: Use _____ Year(s) Built _____
Gross Sq.Ft. _____ Sq.Ft. Rent Area _____ Owner Occupied _____
Tenant Occupied _____ If Leased: Annual Rent _____
Attach last 3 yrs Income & Expense statements from Federal Income Tax Return.

INDUSTRIAL: Year(s) Built _____ Sq.Ft. Office Area _____ Sq.Ft. Plant Area _____
Total Sq.Ft. _____ Owner Occupied _____ Tenant Occupied _____
If Leased: Annual Rent _____ Lease Type: Net _____ Grs _____ Comb _____

APARTMENT: Year(s) Built _____ No. of Units _____ 100% Gross Annual Rent _____
Attach last 3 yrs Income & Expense statements from Federal Tax Return.

OFFICE BUILDING: Year(s) Built _____ Gr.Sq.Ft. _____ Sq.Ft. Rent Area _____
Owner Occupied _____ Tenant Occupied _____ If Leased: 100% Gross Ann. Rent. _____
Attach last 3 yrs Income & Expense statements from Federal Tax Return.

AGRICULTURAL: (10 or more acres)
Are you appealing Fair Market Value? _____ Are you appealing Clean & Green Value? _____

PURCHASE PRICE \$ _____ DATE OF PURCHASE _____

OWNER'S OPINION OF MARKET VALUE \$ _____

Basis for Appeal: _____

Is the objection based upon inequality or over valuation with properties in the area? _____

If so list those comparable: NO LONGER APPLICABLE

OWNER	ADDRESS	DISTRICT, MAP & PARCEL #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does property suffer from any restriction?

_____ Deed Restrictions _____ Easements _____ Flood Plain
_____ Right of Way _____ Other (explain) _____

Have any changes been made after purchase? _____

Describe: Demolitions, New Construction, Additions, Remodeling, Repairs, etc...

	Year	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 the appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904, relating to unsworn falsification to authorities.

OWNER SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

TELEPHONE (Home) _____ BUSINESS _____

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

Name: _____

Address: _____

Do not write below this line

Date Appeal Heard: _____

Field Check Date: _____

Type of Property: _____

Decision of Board:

Approve request

Current Assessed Value \$ _____

Deny request

Abandoned for failure to appear

Revised Assessed Value: \$ _____

Withdrawn by applicant

Effective Date: _____