

RETURN FORM TO:
 BOARD OF ASSESSMENT APPEALS
 BEAVER COUNTY COURTHOUSE
 810 THIRD ST—ASSESSMENT OFFICE
 BEAVER, PA 15009-2194
 Or: bcappealform@beavercountypa.gov

NOTICE OF INTENTION TO APPEAL

THIS APPEAL IS FOR THE

2025 TAX YEAR

THIS FORM MUST BE COMPLETED AND
 RETURNED BY CLOSE OF BUSINESS ON

SEPTEMBER 1, 2024

INSTRUCTIONS

1. You must file a separate appeal notice for each tax parcel you wish to appeal. No appeal notice may contain more than one tax parcel number.
2. The appellant shall strike out statements not applicable, complete all applicable statements, and file this statement with the Board of Assessment Appeals.
3. The appeal notice form must be complete. Failure to complete may result in rejection and the loss of your appeal rights.
4. All appeals will be conducted in accordance with the rules and regulations of the Board of Assessment Appeals. Copies of rules are available at the Chief Assessor's Office.
5. Complete parcel numbers are required. All number blocks must be filled.
6. You may attach additional relevant data with regard to this appeal. All such data shall become the property of the Board of Assessment Appeals.

Tax Parcel Number:

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RECORD PROPERTY OWNER: _____

LOCATION OF PROPERTY: _____

MUNICIPALITY (CITY, TOWNSHIP, BORO): _____

CURRENT MARKET VALUE AS ESTIMATED BY ASSESSMENT OFFICE FILES: _____

CURRENT ASSESSMENT VALUE AS IT APPEARS ON ASSESSMENT OFFICE ROLL: _____

DEED BOOK VOLUME: _____ PAGE: _____ PURCHASE DATE: _____

PURCHASE PRICE: _____ MORTGAGE AMOUNT: _____ MORTGAGE HOLDER: _____

Please select one of the options below

A) List at least three (3) similar properties to evidence lack of uniformity as compared to the property under appeal:

<u>Comparable Tax Parcel Number</u>	<u>Location</u>	<u>Current Market Value Assessment Office Files</u>													
Dist. Map Parcel Split															
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B) If uniformity of value is not an issue, indicate other reason (s) for appeal (i.e. Exemption, Market Value):

Market Value Opinion:

Indicate the desired mailing address to which ALL notices regarding this appeal, should be sent:

Name: _____

Street: _____

City, State, Zip Code: _____

The appellant does hereby certify that the statements made within this appeal are true and correct. The appellant has filed this appeal in good faith and in compliance with the provisions of Act of Assembly pertaining hereto.

Appellant/Property Owner _____

Date _____

Phone _____