

Tax Year \_\_\_\_\_

Property Class \_\_\_\_\_

NAME OF PETITIONER \_\_\_\_\_

Last Name, First Name

Filed \_\_\_\_\_

Check/Cash \_\_\_\_\_

Checked \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ Daytime Telephone No. : ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFIER \_\_\_\_\_ Lot Size \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_ Property Street Address / Location \_\_\_\_\_

Name, address and telephone number of person or attorney to be notified of hearing date and judgment:

SECTION I ADDED ASSESSMENT, OMITTED ADDED ASSESSMENT OR OMITTED ASSESSMENT ONLY

(MUST BE FILED ON OR BEFORE DECEMBER 1)

Added Assessment \_\_\_\_\_ Year Omitted Assessment \_\_\_\_\_ Year Omitted Added Assessment \_\_\_\_\_ Year

	CURRENT ADDED/OMITTED ASSESSMENT	NO. of MONTHS ASSESSED	PRORATED VALUE
Land	\$ _____	_____	\$ _____
Bldg/Improvement	\$ _____	_____	\$ _____
Abatement (If any)	\$ _____	_____	\$ _____
Total	\$ _____	_____	\$ _____

REQUESTED VALUE OF ADDED/OMITTED ASSESSMENT Petition states that the said assessment should be reduced to:

Land	\$ _____	_____	\$ _____
Bldg/Improvement	\$ _____	_____	\$ _____
Abatement (If any)	\$ _____	_____	\$ _____
Total	\$ _____	_____	\$ _____

COMPLETION DATE \_\_\_\_\_ TYPE OF IMPROVEMENT \_\_\_\_\_

REASON FOR APPEAL: \_\_\_\_\_

SECTION II COMPARABLE SALES (See Instruction #8b)

	Block/Lot/Qualifier	Property Street Address / Location	Sale Price	Sale/Deed Date
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____
5.	_____	_____	\$ _____	_____

WHEREFORE, Petitioner seeks judgment reducing/increasing (circle one) the said added, omitted added, or omitted assessment(s) to the correct assessable value. Petitioner certifies that a copy of this appeal (and attachments, if any) has been served upon the Assessor and Clerk of the municipality where this property is located. Petitioner certifies that the foregoing statement is true and is aware that if the foregoing statement is willfully false, he/she is subject to punishment.

Date \_\_\_\_\_ Original Signature of Petitioner or Attorney for Petitioner \_\_\_\_\_