

PETITION OF APPEAL  
ATLANTIC COUNTY BOARD OF TAXATION  
Property Class \_\_\_\_\_

Appeal Number \_\_\_\_\_  
Check/Cash \_\_\_\_\_

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

MAILING \_\_\_\_\_ Daytime Tel. No. \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-Mail \_\_\_\_\_

PROPERTY LOCATION INFORMATION

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFIER (if any) \_\_\_\_\_ Lot Size \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_ Property Street Address \_\_\_\_\_

Name, address and telephone no. of attorney to be notified of hearing date and judgment (please read instructions paragraph 3(a):  
(Only if different from Mailing address above) \_\_\_\_\_

SECTION I Appeal of Real Property Valuation (Assessment) see instructions for filing fees and filing deadline

Current Assessment

Requested Assessment

Land _____	Land _____
Bldg/Improvement _____	Bldg/Improvement _____
Abatement (if any) _____	Abatement (if any) _____
Total _____	Total _____

Is there a Tax Court complaint pending for this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

SECTION II Comparable Sales (Please see instruction Paragraph 9b for help in finding usable comparable sales)

Block / Lot / Qualifier	Property Street Address	Sale Price	Sale (Deed) Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION III Appeal for Denial of (Please see instruction Paragraph 4 "Filing Fees") Please copy of denial notice.

_____ <b>Veteran's Property Tax Deduction</b> for Veteran or Surviving Spouse or Surviving Civil Union Partner or Surviving Domestic Partner of a Veteran / Serviceperson	_____ <b>100% Disabled Veteran Exemption</b> for 100% Disabled Veteran or Surviving Spouse or Surviving Civil Union Partner or Surviving Domestic Partner of 100% Disabled Veteran
_____ <b>Senior Citizen/Disabled Person Property Tax Deduction</b> for Senior Citizen/Disabled Person or Surviving Spouse or Surviving Civil Union Partner of Senior Citizen/Disabled Person	_____ <b>Farmland Assessment Classification</b>
	_____ <b>Abatement or Exemption</b> – religious, charitable, etc.

WHEREFORE, Petitioner seeks judgment \_\_\_ reducing \_\_\_ increasing (check one) the said assessments(s) to the correct assessable value of the said property and/or granting the requested deduction, credit, Farmland Assessment classification, exemption or abatement. Petitioner certifies that a copy of this appeal (as 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

The Director of the Division of Taxation has prescribed this form. No other form will be accepted.  
Reproduction of form is permitted provided it is the same content and format.

Mail or deliver original with filing fee to: Atlantic County Board of Taxation  
5909 Main Street

Payable to: County Tax Administrator Mays Landing, NJ 08330

Attach payment here. Please use paper clip. Do not staple.

Copies must also be mailed or delivered to the Municipal Assessor and Municipal Clerk where the property is located.