

**PETITION OF APPEAL**  
**ATLANTIC COUNTY BOARD OF TAXATION**

**Appeal Number**

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

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

Last Name, First Name

Filed \_\_\_\_\_

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

Checked \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Daytime Telephone No. : \_\_\_\_\_ E-mail Address \_\_\_\_\_

PROPERTY CLASS \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFIER \_\_\_\_\_ Lot Size \_\_\_\_\_

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

Select Appeal Type:

In-Person Hearing

Summary Hearing – I am opting to have my appeal heard as a summary action on the evidence I submit, without my appearance (See Instruction #8)

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

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**SECTION I APPEAL OF REAL PROPERTY VALUATION (SEE INSTRUCTION SHEET FOR FILING FEES AND DEADLINE DATE)**
**CURRENT ASSESSMENT****REQUESTED ASSESSMENT**

Land \$ \_\_\_\_\_

Bldg/Improvement \$ \_\_\_\_\_

Abatement (If any) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Land \$ \_\_\_\_\_

Bldg/Improvement \$ \_\_\_\_\_

Abatement (If any) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Tax Court Pending: YES ☐ NO ☐

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

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**SECTION II COMPARABLE SALES (See Instruction #10A)**
Block/Lot/QualifierProperty Street Address / LocationSale PriceSale/Deed Date

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

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**SECTION III APPEAL FOR DENIAL OF: (See Instruction #4, "Filing Fees")**

Attach Copy of Denial Notice for Section III Deductions, Classifications and Exemptions

☐ **Veteran's Property Tax Deduction** for Veteran or Surviving Spouse or Surviving Civil Union Partner or Surviving Domestic Partner of Veteran/Serviceperson

☐ **100% Disabled Veteran Exemption** for 100 % Disabled Veteran or Surviving Spouse or Surviving Civil Union Partner or Surviving Domestic Partner of 100% Disabled Veteran

☐ **Senior Citizen/Disabled Person Property Tax Deduction** for Senior Citizen/Disabled Person or Surviving Spouse or Surviving Civil Union Partner of Senior Citizen/Disabled Person

☐ **Farmland Assessment Classification**
☐ **Abatement or Exemption - Religious, Charitable, etc.**

WHEREFORE, Petitioner seeks judgment reducing/increasing (circle one) the said assessment(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 (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 \_\_\_\_\_