

# Atlantic County Board of Taxation Assessment Appeal Schedule Sheet

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Municipality \_\_\_\_\_

Block Number \_\_\_\_\_

Please list lot numbers in order, lowest number first

Appeal # (County Bd Use Only)	Lot #	Petitioner Name	Current Assessment		Requested Assessment		Filing Fee
	Qualifier	Mailing Address (If Different)	Land	Total	Land	Total	
	Unit #		Property Address (# and Street)		Bldng / Imprvmt		
			Bldng / Imprvmt		Bldng / Imprvmt		
1							
2							
3							
4							
5							
6							
7							
8							

Total filing fee for page \_\_\_\_\_