BOARD OF ASSESSMENT APPEALS
WESTMORELAND COUNTY
40 NORTH PENNSYLVANIA AVE, SUITE 440
GREENSBURG, PA 15601
(724) 830-3408
FAX: (724) 830-3852

ANNUAL TAX ASSESSMENT APPEAL APPLICATION

(A **completed and signed** Appeal Form must be returned to our office **on or before September First** in order to be valid. Faxed or emailed copies are not accepted.)

DATE:

I (we) hereby appeal from the assessed valuation made upon my (our) property situated

in <<CLICK ARROW TO SELECT DISTRICT >> (Twp. / Borough / City).

The property is known as (please give proper street address)

The property is located (please give directions from Court House)

TAX MAP NUMBER: - - - - - -

(Number is noted on your property tax bill or call 724-830-3409 Tax Assessment Office for assistance.)

A separate completed and signed form is required for each Tax Map Number you are appealing.

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****DO NOT WRITE BELOW THIS LINE****

TED: _____ **RECEIVED:** _____

HEARING DATE: _____ **TIME:** _____ **(a.m./p.m.)**

POSTPONED: _____ **WITHDRAWN:** _____ **ABANDONED:** _____

HEARING HELD: _____ **ADMINISTRATIVE REVIEW:** _____

PLEASE ANSWER ALL APPLICABLE QUESTIONS

(Please Read Instructions BEFORE Completing) (Print or type)

PROPERTY TYPE: ☐ **Residential** ☐ **Commercial** ☐ **Industrial** ☐ **Vacant Land** ☐ **Farm** ☐ **Other**

(IF PROPERTY IS INCOME PRODUCING, PLEASE ATTACH AN INCOME & EXPENSE STATEMENT)

BRIEF DESCRIPTION OF THE PROPERTY: _____

_____

DATE PURCHASED: _____ How did you acquire this property?_____

TOTAL PRICE PAID FOR PROPERTY $_____ COMMENTS: _____
(Land, Buildings/Improvements)

_____

IF NEW CONSTRUCTION, DATE COMPLETED: _____ COMMENTS: _____

_____

AMOUNT THE ENTIRE PROPERTY IS INSURED FOR $ _____

WHY ARE YOU APPEALING THIS ASSESSMENT? IF YOU HAVE A CURRENT APPRAISAL OF THE PROPERTY, PLEASE INCLUDE A COPY. IF YOU ARE APPEALING THE VALUE OF A MOBILE HOME, PLEASE INCLUDE A COPY OF THE SALES RECEIPT AND TITLE, IF AVAILABLE. ***YOU MUST INCLUDE THE TAX MAP NUMBER OF ALL COMPARABLE PROPERTIES THAT YOU SUPPLY.***

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

IN YOUR OPINION, WHAT IS THE CURRENT FAIR MARKET VALUE OF THE PROPERTY YOU ARE APPEALING? $_____

ADDITIONAL COMMENTS OR EXTENUATING CIRCUMSTANCES: _____

_____

_____

_____

NAME: _____ ADDRESS: _____

_____

TELEPHONE: HOME _____ WORK _____ ALTERNATE _____

I have examined the information provided herewith and, to the best of my knowledge and belief, it is true, correct and complete.

Aggrieved Party Signature _____ _____
(Signature) (Name Printed)

Date _____ Corporate Title (If Applicable) _____

DO NOT FORGET
TO PRINT AND SIGN

APPEAL MUST BE SIGNED IN ORDER TO BE CONSIDERED.

****** APPEAL NOT VALID UNLESS SIGNED ******