

BOARD OF ASSESSMENT APPEALS

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

APPEAL FROM CHANGE IN ASSESSED VALUATION

(A **completed and signed** Appeal Form must be returned to our office **on or before 40 days from the mailing date on the Official Notice of Change in Assessed Valuation letter.** Faxed or emailed copies are not accepted.)

DATE:

I (we) hereby appeal from the assessed valuation made upon my (our) property situated
in _____ (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 Official Notice of Change in Assessed Valuation letter, 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POSTPONED: _____ WITHDRAWN: _____ ABANDONED: _____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 enclosed instructions before completing] [Please print or type]

PROPERTY TYPE (CHECK ONE): Residential Commercial Industrial Vacant Land
Farm Other

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

BRIEF DESCRIPTION NEW CONSTRUCTION:

DATE NEW CONSTRUCTION COMPLETED:
COMMENTS:

TOTAL COST OF NEW CONSTRUCTION:
COMMENTS: (Attach documentation, if possible)

IF YOU ARE APPEALING THE VALUE OF A MOBILE HOME: SIZE X TIP-OUT OR ADDITION? SIZE X
YEAR: TOTAL COST:

WAS THIS MOBILE HOME PREVIOUSLY ASSESSED ON ANOTHER PARCEL WITHIN WESTMORELAND COUNTY? YES NO

TAX MAP NUMBER OF PREVIOUS ASSESSMENT: - - - - -

WHY ARE YOU APPEALING THIS ASSESSMENT? (Attach additional sheets if necessary)
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 APPLICABLE. 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 _____ (Name Printed) Date:

Corporate Title (If Applicable)

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