

FRANKLIN COUNTY BOARD OF ASSESSMENT & REVISION OF TAXES

272 NORTH SECOND STREET, CHAMBERSBURG, PA 17201 PH 717- 261-3801

For Office Use Only:

Residential Appeal Form

Under the provisions of law any person aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for a hearing. No appeal shall be heard by the board unless appellant shall first have filed the appeal and required documents, as set forth by law. Annual appeals must be filed by **August 1st**. **Your attention is directed to the Franklin County Appeals Rules & Regulations, which are available at www.franklincountypa.gov or the Franklin County Assessment Office.**

Owner of Property _____

Address of Property being appealed _____

Tax map number _____ Assessment _____

Current market value opinion _____ Reason for this value _____

Date purchased _____ Purchase price \$ _____

State reason for filing this appeal _____

If property recently built, construction cost _____

List any improvements since purchase _____

If the property is rented, annual rent \$ _____

Style of House: Rancher _____ 1½ Story _____ 2 Story _____ Split Level _____ Bilevel _____

Townhouse _____ Modular _____ Doublewide _____ Other _____

Total # Rooms _____ Bedrooms _____ Family Room _____ #Full Baths _____ #Half Baths _____

Fireplace _____ Basement (Y/N) _____ Unfinished () Finished () Sq. Ft. or % finished _____

Garage: Attached () Detached () Carport () Heat type _____ Air Conditioner (Y/N) _____

Outbuildings/Other _____

I/we hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 19 Pa. C.S. Section 4909 relating to unsworn falsification to authorities.

Signature(s) _____

Date _____ Phone home _____ Cell _____