

For Office Use Only:

# FRANKLIN COUNTY BOARD OF ASSESSMENT & REVISION OF TAXES

2 NORTH MAIN STREET, CHAMBERSBURG, PA 17201 PH 717- 261-3801

## 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 1<sup>st</sup>**. **Your attention is directed to the Franklin County Appeals Rules & Regulations, which are available at [www.franklincountypa.gov](http://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 \_\_\_\_\_