

FRANKLIN COUNTY BOARD OF ASSESSMENT & REVISION OF TAXES

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

For Office Use Only:

Catastrophic Loss Appeal Form

I/We have experienced a catastrophic loss to the property identified below. This is an appeal for Catastrophic Loss relief through Title 53 P.S. § 8815, which provides that the property owner may “appeal to the Board within the remainder of the County fiscal year in which the catastrophic loss occurred or within six (6) months of the date on which the catastrophic loss occurred, whichever time period is longer”. I/We understand that “catastrophic loss” means “any loss due to mine subsidence, fire, flood, or other natural disaster which affects the physical state of the real property and which exceeds fifty percent (50%) of the market value of the real property prior to the loss.” I/We request the current taxes on this property be reduced if unpaid or partially refunded if paid, to recognize the effect of the loss on the property’s value for the remainder of the current tax year. I/We understand that if the property is repaired, the reduced assessment will remain effective until the next tax year * following the repair. A Catastrophic Loss Appeal Form shall be filed with the Franklin County Board of Assessment Appeals at the above address.

*For County & municipal real property tax, the tax year is January 1 through December 31;

School real property tax year is July 1 through June 30.

Type of CATASTROPHIC LOSS (check one) Fire _____ Flood _____ Other: _____

DATE OF LOSS: ____/____/____ TAX MAP NUMBER _____

Owner of Property _____

Mailing Address _____

Address of Property being appealed _____

Market value opinion before Loss: _____ Estimated Loss to Real Estate: _____

Describe Loss: DO NOT INCLUDE PERSONAL PROPERTY. PLEASE PROVIDE Contractor’s signed estimate of repair cost or written insurance estimate of Loss:

HAVE THE TAXES BEEN PAID? COUNTY ___NO___ YES SCHOOL ___NO___ yes

** IF YES, PLEASE ENCLOSE A COPY OF PAID RECEIPT. You may obtain copies from your local tax collector**

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) of Owner _____

Date _____ Phone: Home _____ Cell _____