LEHIGH COUNTY RESIDENTIAL ASSESSMENT APPEAL

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 on or before AUGUST 1ST. 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 ON OR BEFORE AUGUST 1ST AS SET FORTH BY LAW. (*) includes taxing districts.

RECORD OWNER(S) NAME: _____

MAILING ADDRESS: _____

_____

PROPERTY SUBJECT OF APPEAL: _____
Number Street City/Boro/Township

PIN: __ __ __ __ __ __ __ __ __ __ __ __ **PAR:** _____ **TILE:** _____

BUILDING AND/OR LAND USE: _____

NO. OF STORIES_____**TOTAL ROOMS**____**BEDROOMS**_____**FAMILY ROOM**_____**FULL BATHS**____

HALF BATHS___**BASEMENT**___**GARAGE(CARS)**_____**CARPORT**____**FIREPLACE**____**CENTRAL AIR**____

LOT SIZE/ACREAGE_____**CONDOMINIUM COMMON ELEMENT**_____

DATE PURCHASED_____**PURCHASE PRICE**_____**AMOUNT OF FIRE INSURANCE**_____

ASSESSMENT APPEALED_____**OPINION OF VALUE OF THIS PROPERTY**_____

IF PROPERTY IS RENTED, STATE ANNUAL RENT: _____

STATE REASONS FOR FILING THIS APPEAL: _____

_____

_____

_____

LIST COMPARABLE PROPERTIES

PROPERTY OWNERS	LOCATION	TOTAL ASMT .	DATE SOLD	PURCHASE PRICE

CERTIFICATE OF APPEAL

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/we understand that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904, relating to unsworn falsification to authorities.

SIGNED: _____ **DATE:** _____

_____ **PHONE: NO.: (HOME)** _____

OWNER(S) OF RECORD **(DAY/OFFICE)** _____

ALL NOTICES OF PROCEEDINGS WILL BE MAILED TO OWNER(S) OF RECORD AND SUCH OTHER AS IDENTIFIED BELOW: NAME: _____

ADDRESS: _____

2006-R/L _____