



**BUCKS COUNTY PROPERTY ASSESSMENT APPEAL  
COMMERCIAL/INDUSTRIAL/VACANT LAND**

FOR OFFICIAL USE ONLY	
ANNUAL appeal	<input type="checkbox"/>
INTERIM appeal	<input type="checkbox"/>

**\* A non-refundable \$225.00 filing fee must be submitted with annual or interim appeal application for each parcel. Do not send cash through the mail. Make check payable to: Bucks County Board of Assessment. No facsimiles will be accepted.**

Complete one form for each parcel. Application with required applicable documents must be returned and on file in the office of the Bucks County Board of Assessment Appeals, **or postmarked on or before August 1, 2019 for annual appeals, or as of the date printed on your recent assessment revision notice for interim appeals (if applicable).** This form and filing fee must be returned before a hearing will be scheduled. **Incomplete, altered, or illegible** forms will be rejected.

Tax Parcel No. \_\_\_\_\_ Municipality \_\_\_\_\_

Owner(s) of Record \_\_\_\_\_

Mailing Address \*\* \_\_\_\_\_

Property Address \_\_\_\_\_

Current Assessment \_\_\_\_\_ Date Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Additional Improvement or Renovation Cost \$ \_\_\_\_\_

Property Type:      Commercial      ( )      Office      ( )      Industrial      ( )

                                 Apartment Complex ( )      Owner Occupied ( )      Tenant Occupied ( )

Gross Sq. Ft.: \_\_\_\_\_ Leasable Sq. Ft.: \_\_\_\_\_

Lease/Annual Rent 100%: \_\_\_\_\_

Lease Type: Net \_\_\_\_\_ Gross \_\_\_\_\_

Owner's Opinion of Market Value \$ \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

**Appeal Hearing Options (Check one only)**

**Option 1.** I/We hereby request the Board of Assessment Appeals to review the information submitted on or with this appeal form in lieu of a scheduled formal hearing. It is to be understood that the same consideration will be applicable to my/our assessment appeal as that of a personal appearance appeal. All documentation and evidence of market value must be submitted at time of filing application.

Yes \_\_\_\_\_

**Option 2.** I/We hereby desire a hearing and consent to be heard by a member of the Board of Assessment.

Yes \_\_\_\_\_

**ALL DOCUMENTATION OF MARKET VALUE MUST BE SUBMITTED WITH THIS FORM TO SUPPORT YOUR POSITION!**

**Certificate of Appeal**

I/We hereby declare my/our intention to appeal the assessment described above by the hearing option indicated. I/we do hereby certify that the foregoing statements made by me/us in connection herewith are true and correct and that this appeal is made in good faith and in compliance with the provisions of the Act of Assembly pertaining thereto.

**\*\* I confirm that the above noted mailing address is to be used for all future notices and correspondence from BOA.**

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_ Other Phone \_\_\_\_\_

**If an Attorney is representing you the Verification of Authorized Attorney MUST be completed on the reverse side.**

The aggrieved party of record must execute this assessment appeal form. Separate forms must be submitted for each parcel.

The aggrieved party, or authorized Attorney, must be present at the hearing, unless appropriate waiver is requested.

No postponements will be granted.

**This section must be completed only if an Attorney will represent you.**

Only Attorneys-at-law licensed to practice in the Commonwealth of Pennsylvania may represent aggrieved parties at the appeal hearings before the Board

**Verification of Authorized Attorney**

I/We hereby verify, affirm, and swear that I am the duly authorized attorney for the owner(s) of this parcel being appealed and that I am authorized to file the Notice of Intention to Appeal Property Assessment of said property before the Bucks County Board of Assessment Appeals. I verify, affirm, and swear that the statements made herein and in the Notice of Intention to Appeal are subject to penalties of 18 PA C.S.A. Sec. 4903 and 4904 relating to false swearing and unsworn falsification to authorities.

Signed \_\_\_\_\_ I.D. No. \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Attorney)

Print Name of Attorney \_\_\_\_\_

Phone Number of Attorney \_\_\_\_\_

Address of Attorney \_\_\_\_\_

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**Bucks County Board of Assessment Appeals**

55 East Court Street

Doylestown, PA 18901

(215) 348-6219