

1. The aggrieved party of record must execute this assessment appeal form. Separate forms must be submitted for multiple parcels.
2. The aggrieved party, or authorized attorney, must be present at the hearing.
3. NO POSTPONEMENTS WILL BE GRANTED.

This section must be completed 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. Nothing in this section shall permit the unauthorized practice of law by an individual who is not an attorney-at-law.

VERIFICATION OF AUTHORIZATION

I 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 _____

Signed _____ Date _____
 (Property Owner)

Signed _____ Date _____
 (Property Owner)

THIS COMPLETED FORM MUST BE FILED ON OR BEFORE AUGUST 3, 2009 FOR ANNUAL APPEALS, OR ON OR BEFORE THE DATE PRINTED ON THE REVISION NOTICE FOR INTERIM APPEALS

AT THE OFFICE OF:

BUCKS COUNTY BOARD OF ASSESSMENT APPEALS
 COUNTY ADMINISTRATION BUILDING
 55 EAST COURT STREET
 DOYLESTOWN, PA 18901
 215-348-6219
 FAX 215-348-6225