



**BUCKS COUNTY PROPERTY ASSESSMENT APPEAL FORM
RESIDENTIAL**

FOR OFFICIAL USE ONLY
ANNUAL appeal _____
INTERIM appeal _____

This completed form with required applicable documents must be returned and on file in the office of the Bucks County Board of Assessment Appeals by **August 3, 2009, or as of the date printed on your recent assessment revision notice. This form must be returned before a hearing will be scheduled. Incomplete or illegible forms will be returned.

Tax Parcel # _____ Municipality _____

Owner(s) of Record _____

Mailing Address _____

Property Address _____

Current Assessment: _____ Date Purchased: _____ Purchase Price: \$ _____

Additional Improvement or Renovation costs: \$ _____

Owner's Opinion of Property Market Value: \$ _____

Reason for Appeal _____

If the basis of your appeal is recent sales of similar properties within your neighborhood, list below those properties you wish the Board to consider:

	Address	Parcel #	Sales Price \$	Date of Sale
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Certificate of Appeal

I/We hereby declare my/our intention to appeal the assessment described above and 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.

Waiver's

1. I/We hereby waive a right to a hearing and request the Board of Assessment 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.
Yes _____

2. I/We hereby consent to be heard by one member of the Board of Assessment Appeals and hereby waive my/our right to appear before two or more members of the Board of Assessment Appeals.
Yes _____

Owner's signature _____ Date _____

Owner's signature _____ Date _____

Home Phone _____ Work Phone _____

**** This appeal form MUST be filed in its entirety including the reverse side.**

