



**BUCKS COUNTY PROPERTY ASSESSMENT APPEAL
RESIDENTIAL**

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

A non-refundable \$25.00 filing fee must be submitted with annual appeal application for each parcel. Make check payable to: Bucks County Board of Assessment **No faxes accepted.*

Complete one form for each parcel. Application with required applicable documents must be returned to the office of the Bucks County Board of Assessment Appeals by **August 2, 2010 for annual appeal, or as of the date printed on your recent assessment revision notice for interim appeal (if applicable).** This form and filing fee must be returned before a hearing will be scheduled. Incomplete 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 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 No.	Sales Price	Date of Sale
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Waiver (Check one only)

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 appeal.
Yes _____

I/We hereby desire a hearing and 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 _____

I/We do not wish the grant of either waiver set forth above.
Yes _____

Waived hearings **MUST** have **all evidence** submitted at the time of application filing.

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.

Owner signature _____ Date _____

Owner signature _____ Date _____

Phone number of Property Owner: Daytime _____ Other _____

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 _____

This completed form must be filed on or before August 2, 2010 for annual appeals, or before the date printed on the revision notice for interim appeals at the office of:

Bucks County Board of Assessment Appeals

55 East Court Street

Doylestown, PA 18901

(215) 348-6219