

**RESIDENTIAL REAL ESTATE APPEAL**

**APPEAL DEADLINE**

**FOR TAX YEAR**

APPELLANT \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

APPELLANT'S ADDRESS \_\_\_\_\_  
(ADDRESS OF WHERE TO MAIL HEARING NOTICE)

PROPERTY LOCATION \_\_\_\_\_ PARCEL NO \_\_\_\_\_  
(BOROUGH OR TOWNSHIP)

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**CERTIFICATE OF APPEAL - READ CAREFULLY AND SIGN**

I hereby declare my intention to appeal from the assessed valuation of real estate described above and I do hereby certify that the foregoing statements made by me 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 further understand by appealing, the property is open to the re-valuation process in which the property assessment may be lowered, raised or remain the same.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signed \_\_\_\_\_

Return to : Indiana County Board of Assessment Appeals, 825 Philadelphia Street, Indiana, PA 15701

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**TO PROPERLY REVIEW AND PROCESS YOUR APPEAL, ANSWER ALL RELEVANT QUESTIONS.**

1. Date real estate was purchased ? \_\_\_\_\_ 2. Purchase price ? \_\_\_\_\_

3. Cost of any improvements since purchase ? \_\_\_\_\_

4. If offered for sale, what price would you ask? \_\_\_\_\_

5. What is your basis for filing this appeal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**OFFICE USE ONLY**

Stamp Received

Parcel No. \_\_\_\_\_ Control No. \_\_\_\_\_

Hearing Date \_\_\_\_\_ Hearing Time \_\_\_\_\_

Assessed Value:

Revised Value:

Final Value:

L - \_\_\_\_\_  
B - \_\_\_\_\_  
T - \_\_\_\_\_  
CLR - \_\_\_\_\_

L - \_\_\_\_\_  
B - \_\_\_\_\_  
T - \_\_\_\_\_  
CLR - \_\_\_\_\_

L - \_\_\_\_\_  
B - \_\_\_\_\_  
T - \_\_\_\_\_  
CLR - \_\_\_\_\_