

Form A-1 (2-13)

PETITION OF APPEAL
 COUNTY BOARD OF TAXATION

Appeal Number	

Filed	_____
Check/Cash	_____
Checked	_____

Tax Year _____ Property Class _____

NAME OF PETITIONER _____
Last Name, First Name

MAILING ADDRESS _____ Daytime Telephone No. : () _____

_____ E-mail Address _____

BLOCK _____ LOT _____ QUALIFIER _____ Lot Size _____

MUNICIPALITY _____ Property Street Address / Location _____

Name, address and telephone number of person or attorney to be notified of hearing date and judgment:

SECTION I APPEAL OF REAL PROPERTY VALUATION (SEE INSTRUCTION SHEET FOR FILING FEES AND DEADLINE DATE)

CURRENT ASSESSMENT

REQUESTED ASSESSMENT

Land \$ _____
 Bldg/Improvement \$ _____
 Abatement (If any) \$ _____
 Total \$ _____

Land \$ _____
 Bldg/Improvement \$ _____
 Abatement (If any) \$ _____
 Total \$ _____

Purchase Price \$ _____ Date of Purchase _____ Tax Court Pending: YES NO

REASON FOR APPEAL: _____

SECTION II COMPARABLE SALES (See Instruction #9B)

<u>Block/Lot/Qualifier</u>	<u>Property Street Address / Location</u>	<u>Sale Price</u>	<u>Sale/Deed Date</u>
1. _____	_____	\$ _____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____

Please Use Comparable Sales Info Sheets for Comparables.

SECTION III APPEAL FOR DENIAL OF: (See Instruction #4, "Filing Fees")

Attach Copy of Denial Notice for Section III Deductions, Classifications and Exemptions

- | | |
|---|---|
| <input type="checkbox"/> <u>Veteran's Property Tax Deduction for Veteran or Surviving Spouse or Surviving Civil Union Partner or Surviving Domestic Partner of Veteran/Serviceperson</u> | <input type="checkbox"/> <u>100% Disabled Veteran Exemption for 100% Disabled Veteran or Surviving Spouse or Surviving Civil Union Partner or Surviving Domestic Partner of 100% Disabled Veteran</u> |
| <input type="checkbox"/> <u>Senior Citizen/Disabled Person Property Tax Deduction for Senior Citizen/Disabled Person or Surviving Spouse or Surviving Civil Union Partner of Senior Citizen/Disabled Person</u> | <input type="checkbox"/> <u>Farmland Assessment Classification</u> |
| | <input type="checkbox"/> <u>Abatement or Exemption - Religious, Charitable, etc.</u> |

WHEREFORE, Petitioner seeks judgment reducing/increasing (circle one) the said assessment(s) to the correct assessable value of the said property and/or granting the requested deduction, credit, Farmland Assessment classification, exemption or abatement. Petitioner certifies that a copy of this appeal (and attachments, if any) has been served upon the Assessor and Clerk of the municipality where this property is located. Petitioner certifies that the foregoing statement is true and is aware that if the foregoing statement is willfully false, he/she is subject to punishment.

_____ Date _____ Original Signature of Petitioner or Attorney for Petitioner