

Blair County Board of Assessment Appeals

Assessment Appeal Form

Official Use Only	Received: _____ C <input type="checkbox"/> R <input type="checkbox"/>
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This required appeal form provides written notification of your intent to appeal. Pursuant to "Blair County Assessment Appeals Rules and Regulations," an appellant must complete and timely submit this form for each parcel appealed. Any persons, including the affected taxing districts, aggrieved by an assessment must file on or before **August 1st** for annual appeals or within 40 days from a new or revised assessment. This form must be received or postmarked (send to Blair County Assessment Office, 423 Allegheny St, Suite 041, Hollidaysburg, PA 16648) by the filing deadline. Untimely filed appeals will be rejected and a hearing will not be scheduled.

Parcel #: _____ Control #: _____

Recorded Owner(s) Name: _____

Mailing Address: _____

Location of Property Subject to Appeal: _____

Municipality (*Borough or Township*): _____ Acres: _____

Property Type: Residential/Agricultural/Vacant Land Commercial/Industrial

Assessment Appealed: \$ _____ Appellant's Opinion of Market Value: \$ _____

State your reason(s) for filing this appeal: _____

An appellant **must** submit four (4) copies of any documentation/evidence that will be presented to the Board ten (10) days prior to the scheduled hearing. The Board, at its discretion, may retain any such documents, which may not be returned. Appellants of rental/commercial/industrial parcels **must** be prepared to submit evidence related to (1) leases and (2) income and expense statements for the past three years. Review the "Blair County Assessment Appeals Rules and Regulations" prior to your hearing.

You will receive a written notification, which will be postmarked no less than 20 days in advance of your scheduled appeal. Hearings will not be rescheduled. If you are unable to attend your scheduled hearing for any reason, you may send an authorized representative to the hearing on your behalf. An "Affidavit to Appoint a Personal Representative" must be completed and presented at the time of your hearing. This form is available at www.blairco.org, and the Assessment Office. If you do not appear on the scheduled date and time, your appeal will be considered abandoned.

I/we hereby declare my/our intention to appeal the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. section 4904, relating to unsworn falsification to authorities. I understand that by appealing, the record is re-evaluated and the resulting assessment may be higher, lower, or unchanged. All signatures must be original. No electronic or typed signatures will be accepted.

Appellant Name: _____ Date: _____

Appellant Signature: _____ Daytime Phone #: _____

All notices of these proceedings shall be mailed to the following recipient and address: _____
 (only complete if recipient or address is in addition to or different than the owner and mailing address above) _____