

COUNTY OF FRANKLIN

BOARD OF ASSESSMENT AND REVISION OF TAXES

2 North Main Street, Chambersburg, Pennsylvania 17201

ASSESSMENT APPEAL FORM

Date _____, 20_____

Owner of Property _____

Address of the Property _____

Parcel Number _____ Assessment District _____

Owner's Actual Valuation of Land \$ _____ Improvements \$ _____ Total \$ _____

Assessed Valuation of Land \$ _____ Improvements \$ _____ Total \$ _____

Did you build this home or building? _____ At what cost? \$ _____

If you did not build what was the purchase price? \$ _____ Date purchased? _____/_____/_____

(If acquired on a foreclosure of a mortgage, give the amount of mortgage and its date _____)

Was this the full price or was it in addition to a mortgage existing upon the property? _____

What improvements have been made since purchase? _____

_____ Date made? _____/_____/_____ Cost \$ _____

What is the amount of insurance carried on this property \$ _____

Amount of mortgage, if any? \$ _____

Is the property occupied by the owner or by a tenant? _____

If fully rented, what is the monthly rental? \$ _____

If not fully rented, what part is rented and what rent is received? _____

What, in your opinion, would be a fair actual valuation of this property? \$ _____

What are your reasons for naming this figure? _____

Name and Address of Person Appealing: _____

Phone # _____

The Board will notify you of when and where to appear for a hearing.

This appeal only applies to the property described above.

Signed _____