

SINGLE FAMILY RESIDENTIAL/LAND WITHOUT IMPROVEMENTS
LUZERNE COUNTY BOARD OF ASSESSMENT APPEALS, TAX ASSESSOR'S OFFICE,
200 N RIVER STREET, WILKES-BARRE, PA 18711-1001

APPEAL FROM THE CERTIFIED ASSESSMENT FOR THE TAX YEAR 20_____

Record Owner (name) _____

Mailing Address _____

Property Subject of Appeal _____
Number Street City/Borough/Township

Tax Map Identification Number _____
Map Number Block Lot

Number of Stories Total Rooms Bedrooms Family Room Full Baths

Half Baths Basement Garage (cars) Carport Fireplace Central Air

Lot Size/Acreage Building and/or Land Use

Date Purchased Purchase Price Amount of Fire Insurance

Deed/Record Book No Page No. Please attach copy of Current deed for Property

Assessment Appealed: Land Improvements Total Opinion of Market Value

If Property is Rented State Annual Rent _____

State Reasons for Filing the Appeal: _____

By execution and filing of this notice of appeal I/we consent to the hearing on my tax appeal being held and a decision issued thereon after October 31, 20____ and also that the hearing may be heard by one, two, or three members of the Board of Assessment Appeal.

Certificate of Appeal

I/We hereby declare my/our intention to appeal from 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 - 4904, relating to unsworn falsification to authorities. **APPELLANT ACKNOWLEDGES HAVING READ "RULES AND REGULATIONS OF THE BOARD" DATED DECEMBER 3, 1993, AS AMENDED.**

Signed: _____ Date: _____

Owner(s) of Record Phone: (Home) _____

E-MAIL _____ (Daytime) _____

All notices of proceedings will be mailed to owner(s) of record and such other as identified below:

**ADDITIONAL Name: _____
\$5 FEE Address: _____
REQUIRED _____

THE BOARD OF APPEALS MAY ACT TO RAISE OR LOWER ASSESSMENTS BASED ON THE EVIDENCE PRESENTED BEFORE IT.