

APPEAL FORM  
BOARD OF ASSESSMENT REVIEW  
FOR WARREN COUNTY, PA

**IMPORTANT - THIS FORM MUST BE RETURNED BY SEPTEMBER 1<sup>st</sup>**

PARCEL NUMBER \_\_\_\_\_ TOWNSHIP/BORO \_\_\_\_\_

ASSESSED VALUATION: Land \_\_\_\_\_ Building \_\_\_\_\_ Total \_\_\_\_\_

OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

***ALL PERSONS/FIRMS ARE REQUESTED TO TALK TO THE CHIEF ASSESSOR BEFORE SUBMITTING AN APPEAL.***

PROPERTY TYPE: CHECK & COMPLETE PROPER CLASSIFICATION

Size of Lot: \_\_\_\_\_ Acres OR \_\_\_\_\_ Square Feet

\_\_\_\_\_ RESIDENTIAL: Year(s) Built \_\_\_\_\_ Total Rooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Baths \_\_\_\_\_ Fireplaces \_\_\_\_\_  
Central Air \_\_\_\_\_ Total Square Feet \_\_\_\_\_

\_\_\_\_\_ COMMERCIAL: Use \_\_\_\_\_ Year(s) Built \_\_\_\_\_  
Gross Sq.Ft. \_\_\_\_\_ Sq.Ft. Rent Area \_\_\_\_\_ Owner Occupied \_\_\_\_\_  
Tenant Occupied \_\_\_\_\_ If Leased: Annual Rent \_\_\_\_\_  
Attach last 3 yrs Income & Expense statements from Federal Income Tax Return.

\_\_\_\_\_ INDUSTRIAL: Year(s) Built \_\_\_\_\_ Sq.Ft. Office Area \_\_\_\_\_ Sq.Ft. Plant Area \_\_\_\_\_  
Total Sq.Ft. \_\_\_\_\_ Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_  
If Leased: Annual Rent \_\_\_\_\_ Lease Type: Net \_\_\_\_\_ Grs \_\_\_\_\_ Comb \_\_\_\_\_

\_\_\_\_\_ APARTMENT: Year(s) Built \_\_\_\_\_ No. of Units \_\_\_\_\_ 100% Gross Annual Rent \_\_\_\_\_  
Attach last 3 yrs Income & Expense statements from Federal Tax Return.

\_\_\_\_\_ OFFICE BUILDING: Year(s) Built \_\_\_\_\_ Gr.Sq.Ft. \_\_\_\_\_ Sq.Ft. Rent Area \_\_\_\_\_  
Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_ If Leased: 100% Gross Ann. Rent. \_\_\_\_\_  
Attach last 3 yrs Income & Expense statements from Federal Tax Return.

\_\_\_\_\_ AGRICULTURAL: (10 or more acres)  
Are you appealing Fair Market Value? \_\_\_\_\_ Are you appealing Clean & Green Value? \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_ DATE OF PURCHASE \_\_\_\_\_

OWNER'S OPINION OF MARKET VALUE \$ \_\_\_\_\_

Basis for Appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any additional facts that will help determine true market value on a separate sheet of paper and attach it to this form.**

Is the objection based upon inequality or over valuation with properties in the area? \_\_\_\_\_

If so list those comparable:

OWNER	ADDRESS	DISTRICT, MAP & PARCEL #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you are going to be represented by an appraiser and/or legal counsel, please list their names below:

Appraiser \_\_\_\_\_ Phone number \_\_\_\_\_  
 Attorney \_\_\_\_\_ Phone number \_\_\_\_\_

Please submit any appraisal done on your property 10 days prior to hearing.

Does property suffer from any restriction?

\_\_\_\_\_ Deed Restrictions      \_\_\_\_\_ Easements      \_\_\_\_\_ Flood Plain  
 \_\_\_\_\_ Right of Way      \_\_\_\_\_ Other (explain) \_\_\_\_\_

Have any changes been made after purchase? \_\_\_\_\_

Describe: Demolitions, New Construction, Additions, Remodeling, Repairs, etc...

	Year	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned makes application to the Board of Assessment Appeals that the said assessments for the fiscal year \_\_\_\_\_ be reduced to:

LAND: \$ \_\_\_\_\_  
 BLDG: \$ \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

THE UNDERSIGNED REPRESENTS THAT \_\_\_\_\_ IS THE OWNER (OR AGENT, WITH POWER OF ATTORNEY) OF THE ABOVE-DESCRIBED PROPERTY AND AFFIRMS THAT ALL STATEMENTS HEREIN ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

**AN APPEAL OPENS YOUR ASSESSMENT FOR RE-VALUATION. YOUR ASSESSMENT MAY BE LOWERED. YOUR ASSESSMENT MAY BE INCREASED. YOUR ASSESSMENT MAY STAY THE SAME.**

Due to disability, check here ( ) if you need a special Court House appointment.

**MAIL TO:**  
 WARREN COUNTY ASSESSMENT OFFICE  
 204 FOURTH AVENUE  
 WARREN, PA 16365

**OFFICE USE ONLY**

REVISED _____	REJECTED _____
LAND _____	DATE _____
BLDGS _____	PER _____
TOTAL ASSESSMENT _____	Board of Appeals