

County of Forest

Board of Assessment Appeals

INSTRUCTIONS FOR FILING APPEAL

- A. All notices of appeal must be signed by the owner of the property or such owner's attorney. Where the owner is a corporation, the appeal form must be signed by an authorized officer of the corporation or such corporation's attorney. In the case of a partnership or other proprietorship, only one proprietor or partner must sign.
- B. You may represent yourself at the hearing, or you may have an attorney represent you.
- C. It is highly recommended that you obtain a fair market value appraisal of the property in question by a certified appraiser for presentation at the hearing. Without a current fair market value appraisal, it will be difficult for the Board to determine the extent to which your appeal is valid. The appraisal must be filed in the Assessment Office 15 days prior to the scheduled hearing date.
- D. If the property in question is leased to third parties, you should bring copies of all leases to the hearing to present to the Board.
- E. Please call the Assessment Office if, after you file, you decide to abandon your appeal or cannot appear. If you have any questions, please call 814-755-3532.

**FOREST COUNTY BOARD OF ASSESSMENT
ASSESSMENT OFFICE
526 ELM STREET, BOX 1
TIONESTA, PA 16353
(814) 755-3532**

Location of Property: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone #: _____

Parcel ID: Map # _____ Control # _____

Name of Attorney (if any): _____

Address to which notice of time and place of hearing on appeal should be mailed:

Assessments: Land: _____ Building: _____ Total: _____

Type of Property: _____

If income producing property, supply yearly income amounts:

Gross Income: _____ Net Income: _____

Purchase Price or Construction of:

- | | | |
|----|-----------------------|------------|
| A. | Land only _____ | Year _____ |
| B. | Bldg. only _____ | Year _____ |
| C. | Land & Bldgs. _____ | Year _____ |
| D. | Oil/Gas/Mineral _____ | Year _____ |

Your estimate of its value: _____ Current insured value: _____

Specify your reasons for this appeal: _____

CERTIFICATE OF APPEAL

I/We hereby declare my/our intention to appeal from the assessment described above and I/we do hereby certify that the foregoing statements made by me/us in connection herewith are true and correct and that this appeal is made in good faith and in compliance with the provisions of the Act of Assembly pertaining thereto.

Dated this _____ day of _____, 20__.

Signed _____ Signed _____

If you are using comparable properties for your appeal, please list them by name, address, and tax parcel number below:

