

**BOARD OF ASSESSMENT APPEALS**  
**WESTMORELAND COUNTY**  
**40 N PENNSYLVANIA AVE, SUITE 440**  
**GREENSBURG, PA 15601**  
**(724) 830-3408**  
**FAX: (724) 830-3852**

**ANNUAL TAX ASSESSMENT APPEAL**

(Completed Appeal Form must be returned to our office on or before September First.)

DATE: \_\_\_\_\_ (Example: 04/15/2005)

I (we) hereby appeal from the assessed valuation made upon my (our) property situated in  
\_\_\_\_\_  
(Twp/Borough/City).

The property is known as (please give proper street address)

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The property is located (please give directions from Court House)

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**INFORMATION FROM PROPERTY TAX BILL OR TAX ASSESSMENT OFFICE:**

TAX MAP NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**A SEPARATE FORM IS REQUIRED FOR EACH TAX MAP NUMBER.**

**PLEASE ANSWER ALL QUESTIONS ON PAGE 2 AND SIGN YOUR APPEAL PRIOR TO RETURNING TO THIS OFFICE. THE BOARD WILL NOT CONSIDER YOUR APPEAL UNLESS THE APPROPRIATE PARTY SIGNS IT.**

**PLEASE ANSWER ALL APPLICABLE QUESTIONS**

(Please Read Instructions BEFORE Completing) (Print or type)

PROPERTY TYPE:  Residential  Commercial  Industrial  Vacant Land  Farm  Other

(IF PROPERTY IS INCOME PRODUCING, PLEASE ATTACH AN INCOME & EXPENSE STATEMENT)

BRIEF DESCRIPTION OF THE PROPERTY: \_\_\_\_\_

DATE PURCHASED: \_\_\_\_\_ How did you acquire this property? \_\_\_\_\_

TOTAL PRICE PAID FOR PROPERTY \$ \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
(Land, Buildings/Improvements)

IF NEW CONSTRUCTION, DATE COMPLETED: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

AMOUNT THE ENTIRE PROPERTY IS INSURED FOR \$ \_\_\_\_\_

**WHY ARE YOU APPEALING THIS ASSESSMENT?** IF YOU HAVE A CURRENT APPRAISAL OF THE PROPERTY, PLEASE INCLUDE A COPY. IF YOU ARE APPEALING THE VALUE OF A MOBILE HOME, PLEASE INCLUDE A COPY OF THE SALES RECEIPT AND TITLE, IF AVAILABLE. **YOU MUST INCLUDE THE TAX MAP NUMBER OF ALL COMPARABLE PROPERTIES THAT YOU SUPPLY.**

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\_\_\_\_\_

**IN YOUR OPINION, WHAT IS THE CURRENT FAIR MARKET VALUE OF THE PROPERTY YOU ARE APPEALING? \$ \_\_\_\_\_**

ADDITIONAL COMMENTS OR EXTENUATING CIRCUMSTANCES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ ALTERNATE \_\_\_\_\_

I have examined the information provided herewith and, to the best of my knowledge and belief, it is true, correct and complete.

Aggrieved Party Signature \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Name Printed)  
Date \_\_\_\_\_ Corporate Title (If Applicable) \_\_\_\_\_

\*\*\*\* APPEAL NOT VALID UNLESS SIGNED \*\*\*\*