

Appeal Received _____
Appeal Number _____
Hearing Day/Date _____
Hearing Time _____

Township _____
Tax PIN _____
Site Address _____
Map _____ Block _____ Lot _____

Chatham County Board of Equalization and Review
2016 _____ Appeal Form

Application for a Board of Equalization and Review Hearing

Please complete and return this form to schedule an appeal to the Board of Equalization and Review.

OWNER'S NAME _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____

APPEALED BY (If different from above) _____

Phone Number _____ E-mail _____

Property Appealing _____

In your opinion, what is the fair market value of this property (if real estate as of January 1, 2009) if other property (personal property, vehicle, Etc.) as of January 1 of current year. **Please provide copy(s) of basis.**

Bldg(s) \$ _____ Land \$ _____ Other \$ _____ Total \$ _____

Date acquired? _____ Amount \$ _____ From whom? _____

Please provide copy(s) of purchase receipt(s) / contract(s), multiple listing service (MLS) #/information

How acquired? (Auction, Bank, Built by Self, Family, Foreclosure, For Sale by Owner, Inherited, Multiple Listing (Realtor), Trade, Other): _____

Dollar amount of fire insurance replacement value \$ _____

(Note Fire Insurance normally covers structure(s) and contents: Please separate)

Has an independent fee appraisal(s) been made on this property?

Yes _____ or No _____ If yes, please attach a copy to this application.

Is property for sale? _____ Asking Price? \$ _____ How long on market? _____

If a real estate broker is involved, attach a copy of the listing contract to this application. MLS # _____

What improvements / repairs have been made to property since purchase (real estate last reappraisal)?

Actual cost? \$ _____ Who did improvements / repairs? _____

Please turn over to complete application

State the reason(s) why you think fair market value determined by the Assessor's office is incorrect.

If income producing property, please include the three (3) most current years income and expense information.

Amount of income from property? (By year, month etc.) \$ _____

Appellants who do not hold an ownership interest in subject property and wish to appeal on behalf of the owner must file with the assessor's office a completed, notarized power-of-attorney form signed by the property owner(s).

North Carolina General Statute 105-283, states the following basis for assessment:

All property, real and personal, shall as far as practicable be appraised or valued at its true value in money. "True Value" shall be interpreted as meaning market value, that is, the price estimated in terms of money at which the property would change hands between a willing and financially able buyer and a willing seller, neither being under any compulsion to buy or sell and both having reasonable knowledge of all uses to which the property is adapted and for which it is capable of being used. This market value for Chatham County is of the last county-wide reappraisal January 1, 2009. Sales/fee appraisals after that date are not allowed to be considered for this appeal.

An appeal may not be based on percentage of increase, amount of value increase or ability to pay.

I certify that the above statements are true and correct. I hereby request a hearing before the Board of Equalization and Review. Also, I acknowledge that I have received an appeal brochure and letter addressed from the Board.

Signature of owner(s) _____

Date: _____ Daytime Phone Number (s) H _____ W _____ C _____

Tax Department Use only		
Assessor's Recommendation:	Vote by the Board of E & R:	Decision of the Board:
Land \$ _____	Final: Land Value \$ _____	No Change in Value _____
Building \$ _____	Building \$ _____	Reduce value to \$ _____
Other \$ _____	Other \$ _____	Increase value to \$ _____
Total \$ _____	Total \$ _____	Other \$ _____