BERKS COUNTY ASSESSMENT APPEAL FORM

Regular / Interim / Split / Tracking / Clean & Green / Breach or Rollback

Berks County Services Center, Assessment Office
633 Court St., 3rd Floor, Reading, PA 19601
Website: www.co.berks.pa.us
E-mail: assessment@countyofberks.com
Phone Number: 610-478-6262

Non-refundable filing fee $25.00 for residential/farm class $100.00 for all other classes.

BOTH SIDES MUST BE FULLY COMPLETED AND SIGNED, INCOMPLETE FORMS WILL BE RETURNED AND MAY VOID YOUR APPEAL.

A check payable to the "County of Berks" or cash must accompany the original signed, completed appeal form for each parcel that is being appealed. The appeal and filing fee must be received by the filing deadline. The appeal and any attachments may be filed by mail or in person at the above address. **Appeal forms may not be sent via e-mail or fax.**

An appeal by an individual taxpayer **must be filed** by the legal or equitable owner of the property; an attorney representing the legal or equitable owner; or an individual possessing a valid power of attorney (copy must be attached). One of the above referenced **must be present** at the appeal hearing.
An appeal by a limited liability company (LLC), corporation or partnership **must be filed** by an attorney and **must be present** at the appeal hearing.

PROPERTY ID. NUMBER__ __ - __ __ __ __ - __ __ - __ __ - __ __ __ __ - __ __ __ CLASS_____
(Pin Number) (Last 3 spaces are not applicable for all property ID numbers.)

Property ID Number and Class may be found on the current county tax bill or the change in assessment notice. Class will determine the filing fee.

RECORD OWNER(S) NAME_____ _____

owner ____ tenant ____ (check one)

MAILING ADDRESS_____
| Check if new
mailing address_____

PROPERTY SUBJECT OF APPEAL_____
Number Street/Road City/Twp/Boro

Appeals received after the filing deadline, whether or not mailed prior thereto, will be rejected as untimely filed.
A regular appeal, effective for the following tax year, must be filed between July 1 and August 15.
An appeal of a change in assessment must be filed within 40 calendar days of the mailing date on the notice.

WHAT IS THE PROPERTY USE?_____LOT SIZE/ACREAGE_____

DATE PURCHASED_____ PURCHASE PRICE_____

CURRENT ASSESSMENT_____ YOUR OPINION OF VALUE OF PROPERTY_____

HAS THE PROPERTY BEEN APPRAISED IN THE LAST 6 MONTHS? No IF YES, ATTACH A COPY FOR FILE.

APPRAISAL AMOUNT (within past 6 months) $_____ DATE_____

REASON FOR THE APPRAISAL _____

Settlement sheet and builder's contract are required for newly built homes purchased within the past 6 months.

BASIS FOR APPEAL:
The law presumes the assessment value is correct until proven otherwise. You have a valid claim for reduction if you can provide legally sufficient evidence to justify a reduction based on the property's "fair market value" at the time the appeal is filed. The burden of proof is on the appellant, and fair market value is not necessarily the most recent purchase price.

Fair market value is defined as "the price which a purchaser, willing but not obligated to buy, would pay an owner, willing but not obligated to sell, considering all uses to which the property is adapted."

RECORD OWNER(S) NAME_____

PROPERTY ID. NUMBER__ __ - __ __ __ __ - __ __ - __ __ - __ __ __ __ - __ __ __ (Name and number are required)

Fair market value may be demonstrated by:

- A current appraisal within the past 6 months by a qualified appraiser.
- Documented sales of at least 3 similar properties within the last 6 months. Documented sales are shown by real estate sales sheets.
- Income and expense data is required for commercial properties and multi-unit apartments.

Appellant must provide one copy of all evidence submitted, to be retained within the appeal file.

NO BASIS FOR A REDUCED ASSESSMENT:
Tax increases by a municipality or school district; or property owners with personal financial hardship cannot be considered as a basis for a reduction of property assessments.

STATE REASONS FOR FILING THIS APPEAL_____

_____

_____

IMPORTANT:
Appointments for appeal hearings **will not** be rescheduled.

Regular appeals – please list dates you are unavailable during July, August, September and October.
All other appeals – please list dates you are unavailable within 90 days of the notice mailing date.

DATES UNAVAILABLE:_____

Failure of Appellant to appear at the hearing shall be considered an abandonment of the appeal.

The Berks County Board of Assessment Appeals operates under laws established by the General Assembly of the Commonwealth of Pennsylvania. This form is for guidance only and does not constitute legal advice.

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.

I/We understand the filing fee is non-refundable.

SIGNED_____ DATE_____

_____ PHONE # (daytime)_____
OWNER(S)/APPELLANT(S)

(home/cell)_____

LIST BELOW ANY ADDITIONAL PARTY TO BE NOTIFIED OF THE PROCEEDINGS OF THIS APPEAL:

NAME_____

ADDRESS_____

_____

DO NOT WRITE BELOW THIS LINE

DATE OF DISPOSITION_____ BOARD MEMBERS _____

Disposition
raised_____ FINAL MKT ASSMT_____ _____
lowered_____
denied_____ FINAL C/G ASSMT_____ _____

2/2012

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