

[Empty box for Appeal Number]

Property Class _____

Filed _____
Check/Cash _____
Checked _____
Notified _____
Heard _____

NAME OF PETITIONER _____
(Please type or print)

MAILING ADDRESS _____

Daytime Telephone Number:
() _____

BLOCK _____ LOT _____ QUALIFIER _____ LOT SIZE _____

Municipality _____ Property Location _____

Name, telephone no., fax no. and address of person or attorney to be notified of hearing and judgment if different than above:

SECTION I APPEAL OF REAL PROPERTY VALUATION (SEE INSTRUCTION SHEET FOR FILING FEES & DEADLINE DATE)
TAX YEAR _____

CURRENT ASSESSMENT

Land \$ _____
Improvement \$ _____
Abatement \$ _____
Total \$ _____
Purchase Price \$ _____
Date of Purchase _____

REQUESTED ASSESSMENT

Land \$ _____
Improvement \$ _____
Abatement \$ _____
Total \$ _____
Tax Court Pending Yes No

REASON FOR APPEAL _____

SECTION II COMPARABLE SALES (See instruction #9B)

Block/Lot/Qualifier	Property Location	Sale Price	Sale/Deed Date
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____

SECTION III APPEAL FOR DENIAL OF: (See instruction #4, "Filing Fees")

- 1. Veteran's Property Tax Deduction
- 2. Veteran's/Serviceperson's Surviving Spouse or
Veteran's/Serviceperson's Surviving Civil Union Partner or
Veteran's/Serviceperson's Surviving Domestic Partner Deduction
- 3. Senior Citizen/Disabled Person Property Tax Deduction
- 4. Surviving Spouse or
Surviving Civil Union Partner
of Senior Citizen/Disabled Person
- 5. 100% Disabled Veteran Exemption or
Surviving Spouse or
Civil Union Partner or
Domestic Partner Exemption
- 6. Farmland Assessment Classification
- 7. Abatement or Exemption-Religious, Charitable, etc.
- 8. REAP Property Tax Credit
(Specify) _____

MUNICIPALITY'S REASON FOR DENIAL: _____
(Attach copy of Denial Notice)

WHEREFORE, Petitioner seeks judgment reducing/increasing (circle one) the said assessment(s) to the correct assessable value of the said property and/or granting the requested deduction, credit, Farmland Assessment classification, exemption or abatement.

Date

Petitioner or Attorney for Petitioner

CERTIFICATION OF SERVICE

On _____, 20____ I, the undersigned, served upon the Assessor and the Clerk of _____
(Municipality) or upon the taxpayer, personally or by regular mail or certified mail, a copy of this appeal. I certify that the foregoing statement I have made is true. I am aware that if the foregoing statement is willfully false, I am subject to punishment.

Date

Signature

The Director of the Division of Taxation has prescribed this form. No other form will be accepted. Reproduction of form is permitted provided it is the same content and legal size.