

**2021 PITT COUNTY BOARD OF EQUALIZATION AND REVIEW APPEAL FORM
REAL PROPERTY**

MAIL COMPLETED FORM TO: BOARD OF EQUALIZATION AND REVIEW
P. O. BOX 43
GREENVILLE, NC 27835-0043

Mailed _____/_____/_____
Received _____/_____/_____

INSTRUCTIONS TO APPELLANT

ALL INFORMATION REQUESTED ON THE APPEAL FORM MUST BE COMPLETED. EACH PROPERTY REQUIRES A SEPARATE APPEAL FORM.

YOU **MUST** BE A PROPERTY OWNER IN PITT COUNTY AS OF JANUARY 1 OF THE YEAR ABOVE SHOWN TO FILE AN APPEAL.

APPELLANTS WHO **DO NOT** HOLD AN OWNERSHIP INTEREST, UNLESS A RELATIVE OF THE OWNER AS DEFINED IN N.C.G.S. 105-277.2 (5a), MUST FILE A POWER-OF-ATTORNEY SIGNED BY THE OWNER.

RETURN THIS FORM, TOGETHER WITH ALL EVIDENCE TO SUPPORT THE APPEAL TO THE ADDRESS ABOVE SHOWN.

SUBMIT A COPY OF ANY APPRAISAL BETWEEN 2016 AND 2019 INDICATING CURRENT MARKET VALUE. IF YOU PURCHASED THE PROPERTY WITHIN THE LAST THREE (3) YEARS, SUBMIT A COPY OF THE APPRAISAL, SALES CONTRACT AND CLOSING STATEMENT.

APPEALS WILL NOT BE PROCESSED WITHOUT THE TAXPAYER'S OPINION OF VALUE.

NOTE TO COMMERCIAL PROPERTY OWNERS: IF THIS IS INCOME PRODUCING PROPERTY, YOU **MUST** PROVIDE THE THREE MOST CURRENT YEARS OF INCOME AND EXPENSE INFORMATION OR THE APPEAL **WILL NOT BE PROCESSED.**

PARCEL NUMBER	PIN	ACCOUNT NUMBER
CURRENT OWNER	ATTORNEY REPRESENTING OWNER (IF APPLICABLE)	
MAILING ADDRESS		
PROPERTY ADDRESS		
HOME PHONE	WORK PHONE	ATTORNEY'S PHONE (IF APPLICABLE)
CURRENT TAX VALUE (VALUE UNDER APPEAL)		
\$ _____		
YOUR OPINION, WHAT IS THE FAIR MARKET VALUE?		
\$ _____ IN		
IF PROPERTY IS RENTED, WHAT IS THE RENT PER MONTH?		
\$ _____		
STATE THE REASON FOR THE APPEAL (ATTACH ADDITIONAL PAGES AS MAY BE NECESSARY).		

CONTINUE TO BACK OF FORM

CONTINUED FROM FRONT

APPEAL SUPPORT INFORMATION

\$ _____ / _____ \$ _____

PURCHASE PRICE AND DATE (IF WITHIN THE LAST (3) YEARS)

COST OF IMPROVEMENTS SINCE PURCHASE

\$ _____

IF FOR SALE, WHAT IS THE ASKING PRICE?

TAXPAYER AFFIRMATION

UNDER PENALTIES PRESCRIBED BY LAW, I HEREBY AFFIRM TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL INFORMATION SUBMITTED ON THIS FORM AND ACCOMPANYING STATEMENTS ARE TRUE AND COMPLETE. I CONSENT TO ALLOW THE BOARD OF EQUALIZATION AND REVIEW TO HOLD HEARING AND MAKING A DECISION VIA ELECTRONIC MEETING (IF NECESSARY).

SIGNATURE

TITLE

DATE

PRINTED

NAME

FOR OFFICIAL USE ONLY

ASSESSOR'S RECOMMENDATION

CASE DATE _____

LAND VALUE \$ _____

MISC IMPV VALUE \$ _____

BLDG VALUE \$ _____

TOTAL VALUE \$ _____

VOTE BY BOARD OF EQUALIZATION & REVIEW

NO CHANGE _____ VALUE REDUCTION _____ VALUE INCREASE _____ OTHER _____

MOTION BY _____ SECONDED BY _____

DECISION OF BOARD OF EQUALIZATION & REVIEW

LAND VALUE \$ _____

MISC IMPV VALUE \$ _____

BLDG VALUE \$ _____

TOTAL VALUE \$ _____

DATE OF ACTION

APPRAISER'S SIGNATURE

[Type here]