

**2024 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 2020 AND 2023 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)		
\$ _____		
IN YOUR OPINION, WHAT IS THE FAIR MARKET VALUE?		
\$ _____		
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.

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 \$ _____

APPRAISER'S SIGNATURE _____

DATE OF ACTION _____

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