Office Use
Appeal No.:_____

2024 ASSESSMENT APPEAL

Lancaster County Board of Assessment Appeals
150 North Queen Street, Suite 310
Lancaster, PA 17603

Filing Fee (Yearly Appeals only. Does not apply to an Interim appeal, a 40-day appeal or an Exemption request.)

The appropriate fee must accompany the assessment appeal filing. If multiple parcels are being appealed, the fee is due for each parcel. Failure to include the fee will constitute an improper filing and a hearing will not be scheduled. See "Fees" under "Yearly Appeals Info" for the correct fee amount to be included with your assessment appeal filing. The fees vary depending on classification. **NO FEE SHALL BE REFUNDED.**

A Check or money order should be made payable to "Lancaster County Treasurer" and attached to the appeal

***For ADA accommodation, please see** http://co.lancaster.pa.us/575/Accessibility **and kindly notify us in advance. Thank you.**

PLEASE TYPE OR PRINT:

Owner(s) Name: _____
Phone No.

Mailing Address: _____
Street/No. City State Zip

Location of Property Appealed: _____
Street/No. Municipality (City/Twp./Borough)

Account Number:_____ Assessment: _____

Interim Assessment_____ Effective Interim Date_____

Purchase Price $_____ Date of Purchase_____ Acreage_____

Do the County records accurately describe your property? Yes____ No_____
If unsure you may visit the County website @ www.co.lancaster.pa.us.

Owner's Opinion of Fair Market Value *(REQUIRED)* $_____

Property Type: Check/Fill Out Proper Classification/Information Below:

RESIDENTIAL_____	**COMMERCIAL/ INDUSTRIAL_____**		**VACANT LAND_____**	**OTHER_____**
Single Family____	Office____	Warehouse _____	# Acres____	
2 Unit____	Apartments____	Other _____	Present use of land_____	
3 Unit____	Manufacturing____		Zoning_____	
4 Unit____	Retail____			

OWNER OCCUPIED_____ **TENANT OCCUPIED_____** **MONTHLY RENT_____**

Has there been an independent appraisal of this property for any purpose within the last 12 months? _____ If yes, date_____
Estimated $ Value_____ If older than 12 months, date of last appraisal and $ value_____

For farm related properties, every Appeal is an appeal of the Fair Market Value. If you wish to appeal the contributory value of farm buildings for Act 319, please check here ___, and initial here _____.

Reason for this appeal (please document all claims): _____
(Use back of form for additional space)

You are appealing the assessed value of your property – not the amount of tax responsibility.
Please note that each municipality differs in total tax rates charged to property owners in their jurisdiction.

The undersigned hereby requests a formal hearing of appeal of assessment before the Board of Assessment Appeals in its Office, 150 N. Queen Street, Suite 310 Lancaster, PA. 17603 I/We understand that false statements herein are made subject to the penalties of 18 Pa., C.S. Section 4904, relating to unsworn falsification to authorities.

SIGNED:_____DATE:_____
(PROPERTY OWNER)
THIRD PARTY MAILING ADDRESS_____

PLEASE REMEMBER TO:

***Fill the appeal form out in full** ***Sign and date the form and attach appropriate fee**