

MAIL TO:

FORM BOER- 1/1/2024

EDGEcombe COUNTY BOER
ASSESSOR'S OFFICE
P O BOX 10
TARBORO, NC 27886

APPLICATION FOR A HEARING
BEFORE THE 2024 EDGEcombe COUNTY
BOARD OF EQUALIZATION AND REVIEW

TAX OFFICE USE ONLY
APPEAL #
DATE:
TIME:

I hereby request a hearing before the Edgecombe County Board of Equalization and Review to appeal the tax appraisal of the property described below effective for the 2024 tax year.

SECTION 1 PROPERTY AND OWNER INFORMATION

PARCEL ID: (1 Form per Parcel)
Property Address:
Owner's Name:
Appealed By:
Mailing Address:

SECTION 2 BASIS OF APPEAL

PLEASE INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLY TO YOUR PROPERTY: CHECK ONE OR ALL IF ALL APPLY.
AN APPEAL OF PROPERTY VALUES MAY RESULT IN ASSESSMENTS BEING (1) LEFT UNCHANGED (2) REDUCED, OR (3) INCREASED. BY LAW, YOU CAN NOT APPEAL YOUR PROPERTY VALUE BASED ON: (1) PERCENTAGE OF INCREASE, (2) AMOUNT OF VALUE INCREASE, OR (3) YOUR ABILITY TO PAY TAX.
[] THE SUBJECT PROPERTY IS APPRAISED AT MORE THAN ITS FAIR MARKET VALUE.
[] THE SUBJECT PROPERTY IS NOT EQUITABLY APPRAISED AS COMPARED WITH SIMILAR PROPERTIES.
(PLEASE FURNISH NAMES AND ADDRESSES OF PROPERTY OWNERS)
[] THE APPEAL IS BASED UPON ISSUES WITH : Discovery, Exemption, Listing or Present Use Value (Please Detail Below)

SECTION 3 VALUATION INFORMATION

WHAT IS YOUR OPINION OF VALUE AS OF JANUARY 1, 2024? (REQUIRED)
What value are you appealing? (Indicate the Tax Appraised Value)
What was the purchase price? (If purchased prior to January 1, 2024) Date
When were the major structures built? Date Cost
List the costs of any remodeling that has been done
Describe what remodeling was done and when. DATE:
If the property was listed for sale on or before January 1, 2024, please furnish the information asked for below.
Broker Date: Price \$
Has the property been appraised by an independent appraiser? Please attach a copy of the appraisal report.
Effective Appraisal Date: Appraiser's Name Appraised Value \$
* For income producing property, please include an income and expense statement for three (3) years prior to January 1, 2024.
* Appellants who do not hold an ownership interest in the subject property must file a completed limited power-of-attorney form with a notarized signature of the property owner. (Available through the Assessor's Office)
I DISAGREE WITH THE APPRAISED VALUE OF MY PROPERTY BECAUSE:

WHAT EVIDENCE DO YOU HAVE TO SUPPORT YOUR OPINION OF VALUE? CHECK ALL THAT APPLY

Judgement Only * Outside Appraisal (see above) Economic Rent * Comparable Property Sale *
Asking Price * Purchase Price (see above) Recent Offer * Some Other Reason *
*PLEASE GIVE DETAILS

PLEASE ATTACH COPIES OF ANY APPRAISALS, CLOSING STATEMENTS, REAL ESTATE LISTINGS, INCOME AND EXPENSE STATEMENTS, OR OTHER PERTINENT DATA.

SECTION 4 AFFIRMATION

I certify that the above statements are true and correct.
Owner's Signature Date
Owner's Name (Please Print) Telephone
DO NOT WRITE BELOW THIS LINE

STAFF RECOMMENDATION:
NO CHANGE [] REDUCE VALUE TO \$ INCREASE VALUE TO \$
BOARD ACTION:
Land Value \$ Improvement Value \$ Total Value \$
NO CHANGE [] REDUCE VALUE TO \$ INCREASE VALUE TO \$
Signature Of : Date of Action:
Chairman, Edgecombe County Board of Equalization and Review