

RESIDENTIAL PETITION FOR TAX APPEAL
CITY OF DOVER BOARD OF ASSESSMENT APPEALS

Property Class: Residential
 Land

Filed _____
Checked _____
Notified _____
Heard _____
Scanned _____

NAME OF PETITIONER _____

PROPERTY LOCATION _____

PARCEL ID NUMBER _____

MAILING ADDRESS

DAYTIME PHONE _____

Name, telephone #, fax # and address of person or attorney to be notified of hearing and judgment, if different from above:

SECTION I ASSESSMENT INFORMATION

ASSESSMENT YEAR: 2020

CURRENT ASSESSMENT BREAKDOWN (if known)

REQUESTED ASSESSMENT

Land \$ _____

\$ _____

Improvement \$ _____

\$ _____

Total \$ _____

\$ _____

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BASIS FOR APPEAL:

- A. Over valuation of property as associated with other properties in neighborhood:
- B. Inaccurate property description:
- C. Condition and other amenities:
- D. Other:

Information prepared by:
Residential Assessment Technician _____ Date _____

CERTIFICATION OF SERVICE

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

Signature

Date

Recommendation to Board of Assessment Appeals

Recommendation to approve/deny appeal request. Reason: _____

City Assessor, Cheryl A. Bundek AAS _____

Date _____