

MAIL TO:
Lincoln County
Board of Equalization & Review
100 E Main St, 3rd Floor
Lincolnton, NC 28092

**APPEAL TO THE
LINCOLN COUNTY
BOARD OF EQUALIZATION
AND REVIEW**

TAX DEPT. USE ONLY
APPEAL # _____
Process Date _____
TIME _____

I hereby request a hearing before the Lincoln County Board of Equalization and Review to appeal the 20__ tax appraisal of the property described below.

PIN # _____ PARCEL ID # _____ TAX ACCT. # _____ NBHD # _____

Property Address: _____

Current Owner Name: _____

Appealed By: _____

Mailing Address: _____

AN APPEAL OF PROPERTY VALUES MAY RESULT IN ASSESSMENTS BEING: (1) LEFT UNCHANGED (2) REDUCED, OR (3) INCREASED IN VALUE. BY LAW YOU CANNOT APPEAL YOUR PROPERTY VALUE BASED ON: (1) ITS PERCENTAGE OF INCREASE, (2) AMOUNT OF VALUE INCREASE, OR (3) YOUR ABILITY TO PAY TAX. PLEASE INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLY TO YOUR PROPERTY: CHECK ONE OR BOTH, IF BOTH APPLY.

- 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 LIST NAMES _____

WHAT IS THE PROPERTY OWNER'S OPINION OF VALUE AS OF JANUARY 1, 20__ ▶

What value are you appealing? (Indicate the Tax Appraised Value)▶

What was the purchase price (if purchased within the last four years)? Date _____ Cost ▶

When were the major structures built? Date _____ Cost ▶

List the costs of any remodeling that has been done in the last four (4) years Cost ▶

Describe what remodeling was done and when. Date _____

If the property has been for sale in the last four (4) years, please list the broker's name, dates involved, and asking price.

Broker _____ Date: _____ Price \$ _____

Has an independent appraisal been made to this property? _____ If yes, attach a copy.

When? _____ By Whom _____ Appraised Value \$ _____

If income-producing property, please include the three most current years of income and expense information.

Appellants who do not hold an ownership interest in the subject property must file with this Office a completed limited power-of-attorney form (one can be obtained from this office) signed by the owner(s) and notarized.

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 AND GIVE DETAILS.

- Judgment Only * Outside Appraisal (see above) Economic Rent * Comparable Sale *
- Asking Price * Purchase Price (see above) Recent Offer * Other *

* Please Give Details _____

MAKE SURE TO ATTACH COPIES OF ANY APPRAISALS, CLOSING STATEMENTS, REAL ESTATE LISTINGS, INCOME AND EXPENSE STATEMENTS, ETC.

I certify that the above statements are true and correct.

Phone Numbers:

Home (____) _____

Work (____) _____

Appellant's Signature _____ Date _____

Print Name _____ **DO NOT WRITE BELOW THIS LINE**

Email: _____

Recommendation: No change in value Reduce value to \$ _____ Increase value to \$ _____

Vote by Board of Equalization and Review:

Land Value \$ _____

Improve-Value \$ _____

Total Value \$ _____

Decision of Board

No change in value

Reduce value to \$ _____

Increase value to \$ _____

Other _____

Chairman of Board: _____
(signature)

Date of Action: _____