

Atlantic County Board of Taxation Assessment Appeal Schedule Sheet

Municipality _____

Block Number _____

Please list lot numbers in order, lowest number first

Appeal # (County Bd Use Only)	Lot #	Petitioner Name	Current Assessment		Requested Assessment		Filing Fee
	Qualifier	Mailing Address (If Different)	Land	Total	Land	Total	
	Unit #	Property Address (# and Street)	Bldng / Imprvmt		Bldng / Imprvmt		
1	17-						
2	17-						
3	17-						
4	17-						
5	17-						
6	17-						
7	17-						
8	17-						