

PETITION OF APPEAL
ATLANTIC COUNTY BOARD OF TAXATION

Appeal Number 17-0
Filed
Check/Cash
Checked

Tax Year 2017

Property Class

NAME OF PETITIONER

Last Name, First Name

MAILING ADDRESS

Daytime Telephone No:

E-Mail Address

PROPERTY LOCATION INFORMATION

BLOCK LOT QUALIFIER (if any) Lot Size

MUNICIPALITY Property Street Address

Name, address and telephone no. of person or attorney to be notified of hearing date and judgment:

(Only if different from

Mailing Address above):

SECTION I Appeal of Real Property Valuation (Assessment) see instructions for filing fees and filing deadline

Current Assessment

Requested Assessment

Land Bldg/Improvement Abatement (if any) Total
Is there a Tax Court complaint pending for this property? Yes No

SECTION II Comparable Sales (See instruction #9B for help in finding usable comparable sales)

Table with 4 columns: Block / Lot / Qualifier, Property Street Address, Sale Price, Sale (Deed) Date. Rows 1-5.

SECTION III Appeal for Denial of: (See Instruction #4 "Filing Fees") Attach copy of denial notice

- Veteran's Property Tax Deduction
100% Disabled Veteran Exemption
Senior Citizen / Disabled Person Property Tax Deduction
Farmland Assessment Classification
Abatement or Exemption - religious, charitable, etc.

WHEREFORE, Petitioner seeks judgment reducing increasing (check one) the said assessment(s) to the correct assessable value of the said property and/or granting the requested deduction, credit, Farmland Assessment classification, exemption or abatement.

Date Original signature of petitioner or attorney for petitioner
The Director of the Division of Taxation has prescribed this form. No other form will be accepted.

Mail or deliver original with filing fee to : Atlantic County Board of Taxation
5909 Main Street
Mays Landing, NJ 08330

Copies must also be mailed or delivered to your Municipal Assessor and Municipal Clerk in

Attach payment here. Please use paper clip. Do not staple.