



FAYETTE COUNTY BUILDING

# Fayette County Board of Assessment Appeals

2 West Main Street Suite 212  
Uniontown, Pennsylvania 15401-3514  
724-430-1350

<http://property.co.fayette.pa.us/appeals.aspx>

Name \_\_\_\_\_  
c/o \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Map Number: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
School District: \_\_\_\_\_

## APPEAL FROM ASSESSMENT

In accordance with the Pennsylvania Consolidated County Assessment Law, Purdon's PA Statutes, Title 53, Chapter 88, Section 8844 (c), any person aggrieved by any assessment may appeal for relief by filing a written statement with the Board of Assessment Appeals, ***such statement designating the assessment or assessments appealed from and the address to which the Board shall mail notice, if different from above printed address, of when and where to appear for a hearing***. All appeal forms must be originals, photocopies and/or facsimiles not accepted.

### STATEMENT OF INTENTION TO APPEAL FOR TAX YEAR 2025

*Please provide address where Hearing Notice(s) and all other correspondence should be sent if different from above*

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Attorney: \_\_\_\_\_

Property Description: \_\_\_\_\_

### INFORMATION REQUESTED FROM APPELLANT

(Please type or print answers to all questions)

Assessment Appealed: \_\_\_\_\_ Claimed Current Market Value \_\_\_\_\_

Age (Main Structure Only) \_\_\_\_\_ Is this a Rental or Commercial Property \_\_\_\_\_

(If Yes above, please complete page 2)

Reason(s) for appeal: \_\_\_\_\_

List comparable sales similar to subject property (Be specific; use reverse if needed):  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATE OF APPEAL

I/We hereby declare my/our intention to appeal from the assessment(s) described in the foregoing, and I/we do hereby certify that the statement made by me/us in connection thereto are true and correct and that this appeal is made in good faith. ***Please print your name below signature.***

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed name of signatory \_\_\_\_\_

Type of Appeal: **YEARLY** Completed form must be returned by: **August 1, 2024**

Appeal No: \_\_\_\_\_ Date received by Board: \_\_\_\_\_ By: \_\_\_\_\_