

City of Dover Board of Assessment Appeals

07-

Property Class: Residential Land

Commercial Other

Filed _____
Checked _____
Notified _____
Heard _____

NAME OF PETITIONER _____

MAILING ADDRESS _____

DAYTIME TELEPHONE # _____

PARCEL ID NUMBER _____ PROPERTY LOCATION _____
(from Property Tax Bill)

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

SECTION I CHANGE OF ASSESSMENT

ASSESSMENT YEAR 2005

CURRENT ASSESSMENT BREAKDOWN (if known)

REQUESTED ASSESSMENT

Land \$ _____
Improvement \$ _____
Total \$ _____

\$ _____
\$ _____
\$ _____

REASON FOR APPEAL: _____

SECTION II COMPARABLE SALES (See Instruction 6B)

Parcel ID	Property Location	Sale Price / Sale Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHEREFORE, Petitioner seeks judgement reducing/increasing (circle one) the said assessment to the correct assessable value of the said property.

_____ Date

_____ Petitioner or Attorney for Petitioner

CERTIFICATION OF SERVICE

On _____, 20____ I, the undersigned, served upon the Assessor and the City of Dover or upon the taxpayer, personally or by regular mail or certified mail, a copy of 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.

_____ Date

_____ Signature