

BOARD OF ASSESSMENT APPEALS
WASHINGTON COUNTY, PENNSYLVANIA

CATASTROPHIC LOSS
GENERAL APPEAL FORM FOR TAX YEAR _____

TO: WASHINGTON COUNTY BOARD OF ASSESSMENT APPEALS
95 WEST BEAU STREET, SUITE 525
WASHINGTON, PA 15301
PHONE: 724-228-6850

APPELLANT NAME: _____

APPELLANT PHONE NUMBER: _____

PARCEL IDENTIFICATION NUMBER: ____ - ____ - ____ - ____ - ____ - ____

SCHOOL DISTRICT: _____

PROPERTY LOCATION: _____

REASON FOR APPEAL: _____

APPELLANT'S OPINION OF MARKET VALUE: \$ _____

ADDRESS TO WHICH NOTICE OF APPEAL HEARING IS TO BE MAILED:

CHECK NUMBER: _____

(SIGNATURE OF APPELLANT)

(DATE)

Please indicate any days/weeks that you may not be available for a scheduled hearing. Every attempt will be made to accommodate said dates.

In accordance with Rule #3 of the Board of Assessment Appeals Rules of Procedure, please remember to include a \$50 check, made payable to the Washington County Tax Revenue Department, **for each parcel appealed**. The deposit(s) is/are refundable upon attendance at the scheduled appeal hearing(s). To review the rules of procedure in their entirety, please visit the following link: <http://www.co.washington.pa.us/DocumentCenter/View/4070>