

LYCOMING COUNTY CATASTROPHIC LOSS APPEAL FORM

Under the provision of Commonwealth law (72 P.S. 5349.3), any person who has suffered a catastrophic loss to their property shall have the right to appeal, in writing, to the Board of Assessment Appeal within the remainder of the County fiscal year in which the catastrophic loss occurred or within six (6) months of the date on which the catastrophic loss occurred, whichever time period is longer. Such statement shall designate the amount of loss and the address to which the Board shall mail notice of when and where to appear for a hearing. The official appeal form must then be filed within 10 days of the written statement or the appeal will be assumed to be abandoned. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS THE PROPERTY OWNER SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS IN THE APPROPRIATE TIME FRAME, AS SET FORTH BY LAW.

OWNER(S) OF RECORD _____

MAILING ADDRESS _____

PARCEL NUMBER _____ TOWNSHIP/BOROUGH/CITY _____

PROPERTY ADDRESS _____

PROPERTY TYPE: ___ RESIDENTIAL ___ COMMERCIAL ___ INDUSTRIAL ___ AGRICULTURAL

CATASTROPHIC LOSS DUE TO: ___ FIRE ___ FLOOD ___ OTHER NATURAL DISASTER

DATE OF CATASTROPHIC LOSS _____ AMOUNT OF LOSS _____

HAVE THE TAXES BEEN PAID? COUNTY ___ NO ___ YES SCHOOL ___ NO ___ YES

** IF YES, PLEASE ENCLOSE A COPY OF PAID RECEIPTED TAX BILL **

BASIS FOR APPEAL

STATE THE SPECIFIC PHYSICAL LOSSES BELOW. DO NOT INCLUDE PERSONAL PROPERTY. PLEASE PROVIDE PICTURES.

ALL NOTICES OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S) OF RECORD AND SUCH OTHER AS IDENTIFIED BELOW:

NAME: _____

ADDRESS: _____

CERTIFICATE OF APPEAL

I/we hereby declare my/our intention to appeal the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I/we understand that false statements herein made are subject to the penalties of 18 Pennsylvania C.S. Section 4904, relating to unsworn falsification to authorities.

SIGNED _____ DATE _____

_____ PHONE (HOME) _____

_____ PHONE (WORK) _____

OWNER(S) OF RECORD

FOR OFFICE USE ONLY

DATE RECEIVED _____ TYPE OF APPEAL _____

EFFECTIVE YEAR _____

____ APPROVED ____ DENIED ____ FIELD VISIT REQUIRED

MONTHS COUNTY _____ EFFECTIVE YEAR _____

MONTHS SCHOOL _____ EFFECTIVE YEAR _____

Authorized signature

Date

INSTRUCTIONS

1. Persons who have suffered a catastrophic loss to their property may appeal within the remainder of the County fiscal year or within six (6) months of the date the loss occurred, whichever is longer.
2. For assessment purposes, "catastrophic loss" is any loss due to mine subsidence, fire, flood or other natural disaster which affects the physical state of the property AND which exceeds 50% of the market value of the property prior to the loss.
3. Filing fees are waived for catastrophic loss appeals.
4. You must complete a separate form for each parcel appealed.
5. Please read all instructions carefully. Your appeal may be rejected if the form is not completed correctly.
6. The form must be completed in its entirety. Do not leave any blanks. If a question does not pertain to your appeal, please fill in "n/a".
7. Your appeal must show a loss of at least 50% of market value to the structures.
8. All appeals must be signed and dated. Please include a telephone number where you may be reached.
9. Please include photos of the loss with your appeal.
10. If the taxes have been paid, please include a copy of the paid receipted tax bill. This will enable us to process any necessary refunds.
11. An assessment appeal does not halt the timely payment of real estate taxes as billed. An appeal does not excuse penalties after the discount and face periods have expired.
12. If the assessment is reduced on appeal AND the taxes have been paid, the difference will be refunded by the taxing bodies for the remainder of the fiscal year.

PLEASE RETAIN FOR YOUR RECORDS

DATE FILED _____

FEE PAID _____

RECEIVED BY _____