



NEW CASTLE COUNTY
BOARD OF ASSESSMENT REVIEW
APPEAL OF EXEMPTION REMOVAL OR DENIAL



Office of Property Assessment Use Only					
Docket Number: _____	Over 65 <input type="checkbox"/>	Disability <input type="checkbox"/>	STC <input type="checkbox"/>	GENX <input type="checkbox"/>	Farmland <input type="checkbox"/>
Received By (EID): _____		Tax Incentive <input type="checkbox"/>		Landfill <input type="checkbox"/>	

Please submit ten (10) copies of this application and all supplemental documentation materials. If every question is not clearly and completely answered, the Board may deny your appeal without further hearing. A separate appeal must be filed for each tax parcel.

The Board's *Rules of Procedure* are available online at
<https://www.nccde.org/DocumentCenter/View/1063/Rules-of-Procedure?bidId=>

Property Information

Parcel Number: _____ Property Owner: _____

E-mail Address: _____ Daytime Phone Number: _____

Property Address: _____

Current Property Assessment: Land \$ _____ Building: \$ _____ Total: \$ _____

Date of Denial Letter: _____

Exemption type and reason stated for removal or denial: _____

Please summarize in the space below or in a document attached to this form why you believe this property should receive a property assessment exemption:

The undersigned represents that he/she is the owner or authorized agent of the owner of the above-described property and affirms, under penalty of perjury, that all statements herein are true to the best of his/her knowledge and belief.

Signature of property owner or agent: _____ Date: _____
(Agent must submit owner signed authorization)

Mailing address for Notice of Hearing and Notice of Decision: _____

You may provide any additional information relevant to your appeal as an attachment to this application.