



Board of Equalization and Review

305 W. Cornelius-Harnett Blvd, Suite 101
Lillington, NC 27546
Phone: 910-893-7520
Fax: 910-893-3801

Mailed: _____
Received: _____

Notice of Appeal of Assessment

Tax Year 2019

Parcel ID # _____

*I hereby request an appointment of appeal of the assessment applied to the following property:

Appellant Owner: _____

Mailing Address: _____

Location of Property: _____

Home Phone: () _____ **Work Phone** () _____ **Cell Phone** () _____

Email address: _____

Non-owner Appellant: Please attach duly executed power of attorney

Company/Appellant Name: _____ **Phone** () _____

Is this appeal concerning the denial or removal from the Land Use Program (Present Use)? Yes _____ No _____

Is this appeal concerning the denial or removal of exempt status? Yes _____ No _____

Is this an appeal of the denial or removal of an exclusion? Yes _____ No _____

Reason for Appeal: _____

Please attach any documentation that may support the reason for your appeal.

Taxpayer Affirmation: Under the penalties prescribed by law, I hereby affirm to the best of my knowledge and belief that all information submitted on this form and any accompanying statements are true and complete.

Signature: _____ **Date:** _____