

MAIL TO:
Lincoln County
Board of Equalization & Review
100 E Main St, 3rd Floor
Lincolnton, NC 28092

**APPEAL TO THE
LINCOLN COUNTY
BOARD OF EQUALIZATION
AND REVIEW**

TAX DEPT. USE ONLY

APPEAL # _____

Process Date _____

TIME _____

I hereby request a hearing before the Lincoln County Board of Equalization and Review to appeal
the 20 ____ tax appraisal of the property described below.

MAP-PIN # _____ PARCEL ID # _____

Property Address: _____

Current Owner Name: _____

Appealed By: _____

Mailing Address: _____

AN APPEAL OF PROPERTY VALUES MAY RESULT IN ASSESSMENTS BEING: (1) LEFT UNCHANGED (2) REDUCED, OR (3) INCREASED IN VALUE. BY LAW YOU CAN NOT APPEAL YOUR PROPERTY VALUE BASED ON: (1) ITS PERCENTAGE OF INCREASE, (2) AMOUNT OF VALUE INCREASE, OR (3) YOUR ABILITY TO PAY TAX. PLEASE INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLY TO YOUR PROPERTY: CHECK ONE OR BOTH IF BOTH APPLY.

- ☐ THE SUBJECT PROPERTY IS APPRAISED AT MORE THAN ITS FAIR MARKET VALUE.
- ☐ THE SUBJECT PROPERTY IS NOT EQUITABLY APPRAISED AS COMPARED WITH SIMILAR PROPERTIES. PLEASE LIST NAMES _____

WHAT IS THE PROPERTY OWNER'S OPINION OF VALUE AS OF JANUARY 1, 20 ____ ▶

What value are you appealing? (Indicate the Tax Appraised Value) ▶

What was the purchase price (if purchased within the last four years)? Date _____ Cost ▶

When were the major structures built? Date _____ Cost ▶

List the costs of any remodeling that has been done in the last four (4) years Cost ▶

Describe what remodeling was done and when. Date _____

If the property has been for sale in the last four (4) years, please list the broker's name, dates involved, and asking price.

Broker _____ Date: _____ Price \$ _____

Has an independent appraisal been made to this property? _____ If yes, attach a copy.

When? _____ By Whom _____ Appraised Value \$ _____

If income-producing property, please include the three most current years income and expense information.

Appellants who do not hold an ownership interest in the subject property must file with this Office a completed limited power-of-attorney form (one can be obtained from this office) signed by the owner(s) and notarized.

I DISAGREE WITH THE APPRAISED VALUE OF MY PROPERTY BECAUSE: _____

WHAT EVIDENCE DO YOU HAVE TO SUPPORT YOUR OPINION OF VALUE? CHECK ALL THAT APPLY AND GIVE DETAILS.

- ☐ Judgment Only * ☐ Outside Appraisal (see above) ☐ Economic Rent * ☐ Comparable Sale *
- ☐ Asking Price * ☐ Purchase Price (see above) ☐ Recent Offer * ☐ Other *

* Please Give Details _____

MAKE SURE TO ATTACH COPIES OF ANY APPRAISALS, CLOSING STATEMENTS, REAL ESTATE LISTINGS, INCOME AND EXPENSE STATEMENTS, ETC.

I certify that the above statements are true and correct.

Email: _____

Phone Numbers:

Home (____) _____

Work (____) _____

Appellant's Signature _____

Date _____

Print Name _____

DO NOT WRITE BELOW THIS LINE

Recommendation: ☐ No change in value Reduce value to \$ _____ Increase value to \$ _____

Vote by Board of Equalization and Review:

Land Value \$ _____

Improve-Value \$ _____

Total Value \$ _____

Decision of Board

☐ No change in value

☐ Reduce value to \$ _____

☐ Increase value to \$ _____

☐ Other _____

Chairman of Board: _____
(signature)

Date of Action: _____