

ADD/OMITTED
PETITION OF APPEAL
OCEAN COUNTY BOARD OF TAXATION

Appeal Number

Empty box for Appeal Number

Property Class

Filed
Check/Cash
Checked
Fee Paid
Notified
Heard

NAME OF PETITIONER (PLEASE type or print)

MAILING ADDRESS

Daytime Telephone No. ()

E-mail Address:

BLOCK LOT QUAL.

Lot Size

Municipality Property Location

Name, telephone no., fax no. and address of person or attorney to be notified of hearing and judgment if different than above:

SECTION I ADDED, OMITTED ADDED, OR OMITTED ASSESSMENT ONLY
(See Instructions #1 - 4 Filing Deadline and Filing Fee)

ADDED ASSESSMENT Year OMITTED ASSESSMENT Year OMITTED ADDED ASSESSMENT Year

Table with 3 columns: CURRENT ASSESSMENT ADDED/OMITTED ONLY, NO. OF MONTHS ASSESSED, PRORATED VALUE. Rows for Land, Improvement, Abatement, Total.

REQUESTED VALUE OF ADDED/OMITTED ASSESSMENT:

Table with 3 columns: CURRENT ASSESSMENT ADDED/OMITTED ONLY, NO. OF MONTHS ASSESSED, PRORATED VALUE. Rows for Land, Improvement, Abatement, Total.

COMPLETION DATE TYPE OF IMPROVEMENT

REASON FOR APPEAL:

SECTION II COMPARABLE SALES (See Instruction #9B)

Table with 4 columns: Block/Lot/Qual., Property Location, Sale Price, Sale/Deed Date. Rows 1-5.

WHEREFORE, Petitioner seeks judgment reducing/increasing (circle one) the said added, omitted added, or omitted assessment(s) to the correct assessable value of the said property.

Date

Petitioner or Attorney for Petitioner

CERTIFICATION OF SERVICE

On , 20 I, the undersigned, served upon the Assessor and the Clerk of (Municipality) or upon the taxpayer, personally or by regular mail or certified mail, a copy of this appeal. I certify that the foregoing statement I have made is true. I am aware that if the foregoing statement is willfully false, I am subject to punishment.

Date

Signature

TAXING DISTRICT
BLOCK
LOT
QUAL.