

Application For Hearing
Henderson County Board of Equalization and Review
c/o Henderson County Assessor's Office
200 North Grove Street Suite 102
Hendersonville, NC 28792
Phone (828) 697- 4870 Fax (828) 697- 4578

OWNER'S NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS OF PROPERTY _____

Check All That Apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Tagged Motor Vehicle | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Untagged Motor Vehicle | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Commercial or Industrial | <input type="checkbox"/> Business Personal Property | <input type="checkbox"/> Manufactured Home |
| <input type="checkbox"/> Exemption/Exclusion | <input type="checkbox"/> Discovery | <input type="checkbox"/> Listing Decision |

Property Description _____

PLEASE FILL IN APPLICABLE IDENTIFICATION NUMBER

PARCEL NUMBER _____ TAG NUMBER _____

ACCOUNT NUMBER _____ VIN OR SERIAL # _____

County's Appraised Value \$ _____ Owner's Opinion of Market Value \$ _____

I DISAGREE WITH THE ASSESSMENT OF MY PROPERTY BASED ON THE FOLLOWING FACTS:

Information to support your opinion of value is essential. Please attach copies of any appraisals, closing statements, real estate listings, income and expense statements, etc. to this form. An appointment will be scheduled for you with the Board of Equalization And Review. You will be notified in writing of the date and time for your hearing with the Board.

Owner's Signature _____ **Date** _____ **Day Phone** _____

A POWER OF ATTORNEY MUST BE ATTACHED IF NOT SIGNED OR APPEALED BY ACTUAL OWNER

FOR OFFICE USE ONLY

Tax Year _____ Year For _____ Abstract Number _____

Date of Tax Bill _____ Date Appeal Received _____ Timely Appeal _____