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:
[   ] Single Family Residence    [   ] Tagged Motor Vehicle    [   ] Watercraft
[   ] Vacant Land    [   ] Untagged Motor Vehicle    [   ] Aircraft
[   ] Commercial or Industrial    [   ] Business Personal Property    [   ] Manufactured Home
[   ] Exemption/Exclusion    [   ] Discovery    [   ] Listing Decision
[   ] Present Use Value    [   ] Deferred Value

Property Description ________________________________________________________________

PLEASE FILL IN APPLICABLE IDENTIFICATION NUMBER

PARCEL NUMBER ______________________ TAG NUMBER ______________________

ABSTRACT/BILL NUMBER ______________________ VIN OR SERIAL # ______________________

County’s Appraised Value $__________________ Owner’s Opinion of Market Value $__________________
As of January 1    As of January 1

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 ___________