

**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 Property Type Appealed:**

- |   |   |  |
|---|---|--|
| <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 |

Property Description \_\_\_\_\_

**PLEASE FILL IN APPLICABLE IDENTIFICATION NUMBER**

PARCEL NUMBER \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ VIN OR SERIAL # \_\_\_\_\_

Henderson County's Appraised Value \$ \_\_\_\_\_

Owner's Opinion of Market Value \$ \_\_\_\_\_

**I DISAGREE WITH THE APPRAISED VALUE 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 \_\_\_\_\_