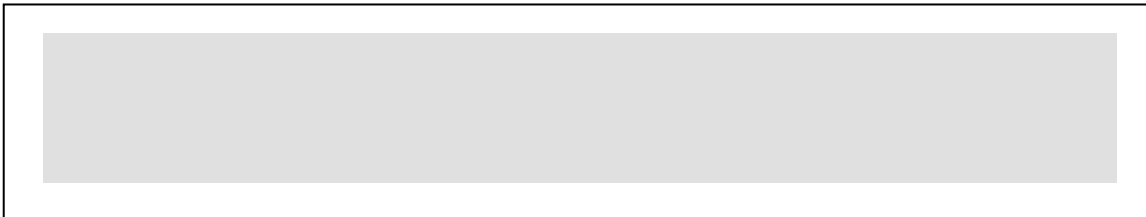


2012

APPEAL TO THE FORSYTH COUNTY BOARD OF EQUALIZATION AND REVIEW

Property ID: # [redacted] Prior ID # [redacted]
Property Address [redacted] 2012 Appraised Value \$ [redacted]

The undersigned does hereby request a hearing to appeal the current assessed value of the property described above. The undersigned understands that the board may sustain, lower or raise the assessed value.



OFFICE USE ONLY:
Date Received: _____
Received By: _____
Notice Date: _____
Date Printed: 1/3/2012

APPEAL INFORMATION

All property is to be appraised at 100% of fair market value. Assessed values for Real Property are as of 01/01/09. Assessed values for Personal Property are as of 01/01/12. See reverse side for appeal instructions.

- 1) What is the fair market value of your property? _____
2) Why do you think the appraised value (see above) is not fair market value? _____

- 3) Evidence submitted to support your appeal: (Include copies of supporting information)
Recent Appraisal (send complete copy of appraisal)
Recent purchase price (\$_____, date_____)
Recent construction cost (\$_____, date completed_____)
Comparable sales (attach list)
Rent or income information (include monthly rent, vacancy, expenses, etc)
Closing statements or bill of sale
Offers to sell, offers to purchase

In a non-appraisal year, all appeals must meet the requirements of N.C. General Statute 105-287.

I certify that the information given, including any attachments is true and correct and I verify I have the authority to file this appeal.

Appellant's Name Printed: _____ Home phone: () _____

* Appellant's Signature: _____ Date: _____ Work phone: () _____

* If Appellant is not the owner of the above property:
Appellant's mailing address: _____

* Persons filing and/or presenting this appeal who do not hold an ownership interest in the subject property MUST include with the appeal an assessor-approved power-of attorney form signed by the owner(s). Failure to comply will invalidate the appeal.

DO NOT WRITE BELOW THIS LINE

Vote of Board Members:

Action of Board:

- () Sustain Assessor's Value
() Reduced Value To \$_____
() Increased Value To \$_____
() Other_____

Board Chairman Signature

Action Date