

## DURHAM COUNTY BOARD OF EQUALIZATION & REVIEW APPEAL FORM - PERSONAL PROPERTY

Appeal Form Via: Mail FAX	Office Date Out:	<u> </u>	Date In:	
BEFORE YOU BEGIN, PLI	EASE READ THE INS	TRUCTIONS LOC	ATED ON THE BACK O	F THIS FORM.
ACCOUNT NUMBER LOCA	L BUSINESS NAME (IF	APPLICABLE)	LOCA	L BUSINESS PHONE
CURRENT OWNER		ATTORNI	EY REPRESENTING OWNER (	(IF APPLICABLE)
MAILING ADDRESS				
PROPERTY ADDRESS				
HOME PHONE	WORK PHON			NE (IF APPLICABLE)
DESCRIBE PERSONAL PROPER ADD ANY OTHER ADDITIONAL			YOUR VALUE NOTICE OR I	PROPERTY TAX BILL.
STATE REASONS FOR THE AP	PEAL (ADD PAGES AS N	JECESSARY):		
\$ 	\$ 			
CURRENT TAX VALUE (VALUE	UNDER APPEAL) IN	YOUR OPINION, W	HAT WAS THE MARKET VALU	E ON JANUARY 1
IF THIS APPEAL DEALS WITH	H A MANUFACTURED HOM	E; PROVIDE THE F	OLLOWING:	
			\$	
NAME OF LAND OWNER		PARCEL #	PURCHASE PRICE	DIRCHASE VEAR

Account Number Current Owner			
	Account Number	Current Owner	

All property, real and personal, shall as far a practicable be appraised or valued at its true value in money (N.C.G.S. 105-283). Market Value at the 100% level as of January 1 is the criteria considered by the Board of Equalization and Review.

## Instructions for completion of this Form:

Each personal property account requires a separate appeal form.

You **must** own or control property taxable in Durham County as of January 1 to file an appeal.

Only taxpayers that own or control property in Durham County, corporate officers and attorneys representing taxpayers, licensed to practice law in North Carolina, may present evidence to the Board. Attorneys who speak should not give factual testimony but may summarize their client's case.

Appellants who do not hold an ownership interest, unless a relative of the owner as defined in N.C.G.S. 105-277.2(5a) must file a Tax Office supplied Power-of-Attorney form signed by the owner.

Return this form, together with all evidence to support the appeal.

Be sure to include Taxpayer's opinion of market value (In your opinion, what was the Market Value on January 1), required by direction of the Board of Equalization and Review.

Sign and Date the Form (Taxpayer Affirmation), see below.

TAVD	VED	<b>VECIDY</b>	

TAXPAYER AFFIRMATION					
UNDER PENALTIES PRESCRIBED BY LAW, I HEREBY AFFIRM TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL INFORMATION SUBMITTED ON THIS FORM AND ACCOMPANYING STATEMENTS ARE TRUE AND COMPLETE.					
SIGNATURE	TITLE	DATE			
PRINTED NAME					
SIGNATURE MUST BE OWNER, CORPORATE OFFICER, (	OR ATTORNEY LICENSED TO PRACTICE L	AW IN NORTH CAROLINA.			

MAIL OR FAX TO:

PERSONAL PROPERTY APPEALS BOARD OF EQUALIZATION & REVIEW P.O. BOX 3397 DURHAM, NC 27702

Phone 919.560.0300 Individual Taxpersonalproperty@dconc.gov Fax (919) 328-6181

Business Tax-BPP@dconc.gov Fax (919) 328-6176