## APPEAL TO STANLY COUNTY BOARD OF

## **EQUALIZATION AND REVIEW**

	Date:
Parcel ID#:	Assessed Value:
Current Owner:	
Appealed By:	
Mailing Address:	
Reason for Appeal:	
In your opinion, what is t	e fair market value of this property: \$
Has an independent appra	sal been made on this property? If yes, when:
By whom:	Appraised value: \$
If this property was purch	ased within the last 5 years, please provide the following:
Date:, Prio	e:, Cost of improvements since purchase:
Attach any documentat	on which supports your opinion of value .
If income producing prop	erty, please include the three most current years income and expense information.
	o not hold an ownership interest in the subject property must file with this office
a completed assessor-app	oved power-of-attorney form signed by the owner(s).
	before the Stanly County Board of Equalization and Review to appeal the assesse
value of the property des	ribed below.
Signature of Appellant: _	Date:
Telephone number: Hom	WorkCell

Return to: Stanly County Tax Administration Board of Equalization and Review Appeal

201 S. Second St. Albemarle, NC 28001