

SWAIN COUNTY BOARD OF EQUALIZATION
AND REVIEW APPEAL FORM

To: Swain County Board of Equalization and Review

PO Box 2321

Bryson City NC 28713

828-488-9273

Parcel number: _____

Current Owner _____ Appealed by _____

Mailing Address _____ Property Address _____

Reason for appeal _____

What value are you appealing: \$ _____

Date property was purchased ____/____/____ Purchase price: \$ _____

Cost of Improvements added to property since purchase, if any: \$ _____

Has an independent appraisal been made on this property: ___yes___ no

When _____ By whom _____ Appraised value: \$ _____

In your opinion, what is the fair market value of this property? \$ _____

Appellants who do not hold an ownership in the subject property must file with this office a completed Assess-approved Power of Attorney form signed by the owner(s).

I certify the above statements are true and correct.

Telephone numbers:

_____ Date _____ (work) _____

Appellant's Signature _____ (home) _____

Vote by Board of Equalization and Review:

Decision of the Board is indicated below:

Made no change in value

Reduced value to \$ _____

Increased value to \$ _____

Signature of: _____

Date of this action: ____/____/____

Chairman of Board E & R