

<i>CLR</i>	Factor Equivalent	Common Level Factor
<i>Chester City</i>	25.00%	4.000
<i>Delaware</i>	67.80%	1.475

SUMMARY CALCULATION

ASSESSMENT X CLR FACTOR = DEEMED FAIR MARKET VALUE

_____ X _____ = \$ _____

Eg. (Delaware County)

\$33,000.00 X ~~1.78~~
1.475 = \$48,675

**APPEAL FROM REAL ESTATE ASSESSMENT OF 2015
COUNTY OF DELAWARE
MUST BE FILED BY AUGUST 1, 2014**

*** PLEASE READ INSTRUCTIONS ON PAGE 1 CAREFULLY BEFORE APPEALING ***

Processing Fee of \$50.00 is due at time of filing. Please make check / money order payable to Treasurer of Delaware County. Must have a separate payment for each appeal filed.

The undersigned hereby request a formal hearing of Appeal of Assessment before the Board of Assessment Appeals, Government Center Building, 201 West Front Street, Media, PA 19063, (610) 891-4879.

Folio # _____ - _____ - _____ - _____

Owner's Name _____

Mailing Address _____

Phone (Home) (____) _____ - _____

Phone (Cell) (____) _____ - _____

Phone (Business) (____) _____ - _____

Current Assessment _____

Fair Market Value _____

How was this determined: _____

Date of Purchase _____

Purchase Price _____

Annual Rent if Rental _____

Property Site Address & Municipality _____

Story(ies) _____

Bed Room(s) _____

Living Room (Yes) or (No)

Dining Room (Yes) or (No)

Great Room (Yes) or (No)

Bath(s) _____

Kitchen (Yes) or (No)

Fireplace(s) _____

Central A/C (Yes) or (No)

Basement (Yes) or (No) (finished/unfinished)

Garage _____ (number of cars)

Carport (Yes) or (No)

In-Ground Pool (Yes) or (No)

Other Rooms _____

STATE YOUR REASON FOR TAKING THIS APPEAL:

* * * * *

I hereby certify that the above statement is true and correct to the best of my knowledge and belief. I have also read the Instructions for Filing Annual Residential Appeal on Page 1.

OWNER (s) Signature: _____

Or Attorney's Signature: _____

Name (Print/Type): _____

Attorney Business Address: _____

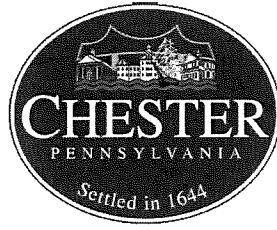
Attorney Phone: (____) _____ - _____ **Attorney ID:** _____

Note: WAIVING YOUR RIGHT TO APPEAR AT HEARING

The Board of Assessment Appeals will hear your appeal without you attending the hearing if you provide all information on your appeal at the time of filing. In that event, you may **waive your right to appear** by you or your attorney signing your name below. A notice of the date and time assigned for your appeal will be mailed to you for your records.

Signature for Waiver of Appearance: _____

Filing Fee
Residential -- \$50
Commercial -- \$100
Industrial -- \$100
Make Checks Payable To:
City of Chester



City Assessor's Office
Larry Ozer, City Assessor
Chester City Hall
1 Fourth Street
Chester, PA 19013
Phone: 610-447-7799
Fax: 610-872-7896

APPEAL FROM REAL ESTATE ASSESSMENT

MUST BE FILED BY THE FIRST DAY OF SEPTEMBER OF ANY TRIENNIAL YEAR

Location of Property _____ Folio # _____

Name of Owner _____

Address of Owner _____

Present Assessment _____ Requested Assessment _____

To the Board of Assessment Appeals

_____ do hereby appeal from the present assessment of \$ _____ placed upon the above described property, and firmly believe the valuation for taxation purposes should be \$ _____ for the following reasons to wit:

STATEMENT OF APPELLANT

Size of Tract _____ Value \$ _____
Dwelling (Type) _____ Value \$ _____
Commercial or Industrial (Type) _____ Value \$ _____

Total Value \$ _____

Purchase Price \$ _____

Improvements made since purchase _____

Other Evidence

I hereby certify that the above statement is true and correct to the best of my knowledge and belief.

Notary Statement

Sworn and subscribed to

Before me this ____ day

Of _____ 20__

Owner _____

Address _____

Send all correspondence to: _____

Legal Representative _____

Address: _____

Telephone # _____

PLEASE BE PREPARED TO BRING AN APPRAISAL WITH YOU FROM A PENNA. STATE CERTIFIED APPRAISER WITH THE CITY OF CHESTER AS THE INTENDED USER.

DO NOT WRITE IN SPACE BELOW

Assessment determined by Board \$ _____

Effective as of _____

Assessor

President of the Board

ALL FORMS MUST BE NOTARIZED – FORMS MUST BE COMPLETE