



CUMBERLAND COUNTY
BOARD OF EQUALIZATION AND REVIEW
P.O. BOX 449, FAYETTEVILLE, NC 28302

MAILED: \_\_\_/\_\_\_/\_\_\_
RECEIVED: \_\_\_/\_\_\_/\_\_\_
B.E.R. #: \_\_\_\_\_

NOTICE OF APPEAL OF ASSESSMENT

TAX YEAR 2021

PARCEL #: \_\_\_\_\_

\*I hereby request an appointment for appeal of the assessment applied to the following property:

Appellant Owner: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_
Location of Property: \_\_\_\_\_
Home Telephone: \_(\_\_\_\_)\_\_\_\_\_ Work /Cell Telephone:\_(\_\_\_\_)\_\_\_\_\_
Email address: \_\_\_\_\_
Non-owner Appellant: Attach duly executed power of attorney
Company Name: \_\_\_\_\_
Attorney Representing Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you request a review of this property by a County Appraiser in this or prior years? \_\_\_\_\_ What year? \_\_\_\_\_

Value Under Appeal: \$\_\_\_\_\_ Taxpayer's Opinion of Value:\$\_\_\_\_\_

TAXPAYER'S OPINION OF VALUE IS NECESSARY FOR PROCESSING THIS APPLICATION.

Reason for Appeal:
\_\_\_\_\_
\_\_\_\_\_

Has an independent appraisal been made on this property? If yes, please attach complete appraisal. Yes \_\_\_ No \_\_\_
Date:\_\_\_\_\_ Appraiser's Name:\_\_\_\_\_ Appraised Value: \$\_\_\_\_\_

Sales History: Date of Last Sale:\_\_\_\_\_ Sale Price: \$\_\_\_\_\_

Cost of improvements made after sale: \$\_\_\_\_\_

Table with 3 columns: Comparable Properties (Owner, Street No., Acres, etc.), Sales Price, Date. Rows 1, 2, 3.

For appeals on income-producing property, (Shopping Centers, Motels, Apartment complexes, Mobile Home Parks, etc.) please attach audited operating statements for 2018, 2019, and 2020. Enclose copies of all evidence to support your appeal, such as appraisals, comparable properties, income and expense statements, etc. To ensure your appeal has been received by the Tax Administration Office, you may wish to send your appeal by certified mail.

Cumberland County website (www.co.cumberland.nc.us)

TAXPAYER'S AFFIRMATION: UNDER THE 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:\_\_\_\_\_

Date:\_\_\_\_\_