

THE COUNTY OF YORK

RACHAEL WHITE
DIRECTOR



PETER T. RUTH
SOLICITOR

ASSESSMENT OFFICE

EFFECTIVE JANUARY 1, 2018

<u>Type of Appeal</u>	<u>Fee</u>
Exemption Requests	\$100.00 per parcel
Interim/40 Day Appeals	No Charge
Rescheduling Appeal	\$25.00 per parcel

All assessment appeals filed after January 1, 2018 must include a filing fee. The fee depends upon the type of property that is being appealed. Failure to include the fee will constitute an improper filing and will not be processed until the fee is collected.

ALL FEES ARE NON-REFUNDABLE – CHECKS ONLY

Please make check(s) payable to **County of York**

It is your responsibility to provide proof when appealing your assessment and/or tax status. Please include any supporting documentation to defend your position as to why the appealed parcel should be deemed exempt from the tax rolls.

In order to be considered for exempt status, the property must meet the HUP test.

28 EAST MARKET STREET ROOM #105 YORK, PENNSYLVANIA 17401-1585 TELEPHONE (717) 771-9232

MELINDA EPPOLITO
MEMBER

BOARD OF ASSESSMENT APPEALS
JAY D. MATTHEWS
CHAIRMAN

ED BENDER
MEMBER

**EXEMPT REQUEST APPEAL FORM
DEADLINE TO FILE - AUGUST 1ST**

**York County Assessment Office
28 E. Market Street, Room 105
York, PA 17401-1585
717-771-9232**

Owner (as it appears on the deed) _____

Parcel ID Number _____
District Block Map Parcel Leasehold

Property Location _____

Owners Mailing Address _____

Email Address _____ **Phone Number** _____

Explain usage or function of property

Under what statute are you claiming exempt status?

Do you derive any income from ANY portion of this property? YES NO
(select one)

If YES, please provide the amount, source of the income, and/or the service rendered

THE UNDERSIGNED HEREBY AUTHORIZES:

- SELF _____
- OTHER _____

TO REPRESENT THE APPELLANT BEFORE THE BOARD OF ASSESSMENT APPEALS, TO ACCEPT SERVICE OF SUBPOENAS, AND TO PRODUCE SUCH DOCUMENTATION AND TESTIMONY AS SHALL BE REQUIRED BY THE BOARD.

DATE: _____

SIGNATURE OF APPELLANT(S)

FOR OFFICE USE ONLY:
CHECK NUMBER _____
AMOUNT \$ _____

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