

_____ REQUEST FOR REVIEW OF PERSONAL PROPERTY VALUATION
YEAR _____

TO: BURKE COUNTY TAX ASSESSOR
P.O. BOX 219
MORGANTON, NC 28680

PROPERTY INFORMATION FOR MOBILE HOMES:

Manufactured Home Owner _____

Tax Office Value _____ Owner Estimation of Value _____

Manufactured Home: Make _____ Model _____

Year _____ Size _____ Serial Number _____

Number Bedrooms _____ Fireplaces _____ Number Baths _____ Half Baths _____

Type Heat _____ Air Conditioning _____

Wall Coverings _____ Floor Coverings _____

Purchase Price _____ Date Purchased _____

Land Owner's Name _____

911 Address _____ Parcel Identification Number _____

I hereby request a review of the tax appraisal of the personal property described above. **I understand that this request for review will consider valuation issues only.** From the facts presented, they have three options: **to sustain, reduce, or increase the present value.**

(SIGNATURE) (DATE)

(MAILING ADDRESS)

(POSTMARK)

(PHONE #)

TAX OFFICE USE ONLY

(DATE APPEAL FILED)

(CLERK)

(REVIEWED BY)
