COUNTY OF FULTON BOARD OF ASSESSMENT AND REVISION OF TAXES

McConnellsburg, Pennsylvania APPEAL FROM ASSESSMENT

PLEASE TYPE OR BOLD PRINT:			Office Phone: (717) 485-3208		
Owner's Name:					
Mailing Address:N	umber	Street		State Zip	
Location of Property A	ppealed: _	Number	Street	Municipality	
Parcel Number:			Appraised Value:		
Property Use:			Annual Rent (if applicable)		
Did you build this hom	e or buildin	g?	At what cost?		
		e of a mortgag	? \$ Date poet, give the amount of the mo	ortgage and its date	
Was this the full price	or was it in		nortgage existing upon the p		
			ase?		
	·	Date made? _		Cost?	
State your reason for ta	aking this a	ppeal:			
Opinion of Value of thi	s property?	,			
Amount of Fire Insura	nce?				
Signature(s):					
Printed name(s):O	wner(s) of l	Record			
Date:			Telephone Number:		

Date this appeal was received in this office: