

APPEAL TO THE CHEROKEE COUNTY BOARD OF EQUALIZATION AND REVIEW
75 PEACHTREE ST. SUITE 232 MURPHY, NC 28906
(828) 835-3296, Option #3

By State Law, Cherokee County assessed real estate values reflect the market value as of January 1, 2020, which is the date of the last county-wide revaluation. Any inflation, deflation or other economic changes occurring after this date do not affect the assessed value of the property and cannot be lawfully considered when reviewing the value for adjustment.

I HEREBY REQUEST A HEARING BEFORE THE Cherokee County Board of Equalization and Review
to appeal the 20_____ tax appraisal of the following property:

Parcel ID (PIN) _____ Appealed by _____

Property Address _____

Current Owner _____

Mailing Address _____

Reason for Appeal _____

Assessed Value Being Appealed _____

Would you like an appraiser to come and visit your property? _____ If yes, Best times _____

In your opinion, what is the fair market value of the property? _____

Date Property was purchased _____ Purchase Price _____

Cost of improvements added or removed from property since purchase _____

Do you have information about the property that the Tax Office may not have that would affect its value? _____

If yes, please explain _____

Examples include non-perking lot, non-buildable lot, demolition, etc. Please include documentation to support your claim

Is the property currently for sale? Yes No What is the asking price? _____

Has an independent appraisal been made of this property? Yes No

When? _____ By Whom _____ Appraised Value _____

Note: If income producing property, includes the three most current years income and expense information.

Note: Appellants who do not hold an ownership interest in the subject property must file with the Office of Assessor an approved Power Of Attorney form signed by the owner(s).

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

Appellant's Signature

Date

Phone Number

OFFICE USE ONLY

Assessor's Recommendation _____

Assessor's Office Reviewer _____ Date _____

Date/Time/Location of Hearing _____

Vote by Board of Equalization and Review-Decision indicated below:

- Make no change in value
- Reduce Value to _____
- Increase Value to _____
- Other _____

Signature of Board of E&R Chairman

Date of Action