

MAIL TO:

FORM BOER-1

Wilson County Tax Department PO Box 2106 Wilson, NC 27894

APPLICATION FOR A HEARING BEFORE THE 2024 WILSON COUNTY BOARD OF EQUALIZATION AND REVIEW

TAX DEPARTMENT USE ONLY APPEAL # DATE TIME

I hereby request a hearing before the Wilson County Board of Equalization and Review to appeal the tax appraisal of the property described below effective for the 2024 tax year.

SECTION 1 PROPERTY AND OWNER INFORMATION -- See Reverse Side for More Information

PARCEL ID: (1 Form Per Parcel) Property Address: Owner's Name: Appealed By: Mailing Address:

SECTION 2 BASIS OF APPEAL

PLEASE INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLY TO YOUR PROPERTY: CHECK ONE OR ALL IF ALL APPLY.

AN APPEAL OF PROPERTY VALUES MAY RESULT IN ASSESSMENTS BEING: (1) LEFT UNCHANGED (2) REDUCED, OR (3) INCREASED. BY LAW, YOU CAN NOT APPEAL YOUR PROPERTY VALUE BASED ON: (1) PERCENTAGE OF INCREASE, (2) AMOUNT OF VALUE INCREASE, OR (3) YOUR ABILITY TO PAY TAX.

THE SUBJECT PROPERTY IS APPRAISED AT MORE THAN ITS FAIR MARKET VALUE. THE SUBJECT PROPERTY IS NOT EQUITABLY APPRAISED AS COMPARED WITH SIMILAR PROPERTIES. THE APPEAL IS BASED UPON ISSUES WITH: Discovery, Exemption, Listing or Present Use Value

SECTION 3 VALUATION INFORMATION

WHAT IS YOUR OPINION OF VALUE AS OF JANUARY 1, 2024? (REQUIRED)

What value are you appealing? What was the purchase price? When were the major structures built? List the costs of any remodeling that has been done in the last four (4) years.

Value table with columns for \$ and Date

Describe what remodeling was done and when. If the property was listed for sale on or before January 1, 2024, please furnish the information asked for below. Broker Date: Price \$ Has the property been appraised by an independent appraiser? Effective Appraisal Date: Appraiser's Name Appraised Value \$

\* For income producing property, please include an income and expense statement for three (3) years prior to January 1, 2024. \* Appellants who do not hold an ownership interest in the subject property must file a completed limited power-of-attorney form with a notarized signature of the property owner. (Available through Assessor's Office)

I DISAGREE WITH THE APPRAISED VALUE OF MY PROPERTY BECAUSE:

WHAT EVIDENCE DO YOU HAVE TO SUPPORT YOUR OPINION OF VALUE? CHECK ALL THAT APPLY

Judgement Only, Asking Price, Outside Appraisal, Purchase Price, Economic Rent, Recent Offer, Comparable Property Sale, Some Other Reason

\*Please Give Details

PLEASE ATTACH COPIES OF ANY APPRAISALS, CLOSING STATEMENTS, REAL ESTATE LISTINGS, INCOME AND EXPENSE STATEMENTS, OR OTHER PERTINENT DATA

SECTION 4 AFFIRMATION

I certify that the above statements are true and correct.

Owner's Signature Date Home Work Telephone

Owner's Name (Please Print) DO NOT WRITE BELOW THIS LINE

STAFF RECOMMENDATION: NO CHANGE REDUCE VALUE TO INCREASE VALUE TO

BOARD ACTION: Land Value Improvement Value Total Value NO CHANGE REDUCE VALUE TO INCREASE VALUE TO

Signature Of Date of Action:

Chairperson, Wilson County Board of Equalization and Review