

COUNTY OF ARMSTRONG
BOARD OF ASSESSMENT APPEALS

450 Market Street – Suite 20
Kittanning, Pennsylvania 16201
724-548-3487

NOTICE OF INTENTION TO APPEAL

I hereby appeal the tax assessment on the property described below and wish to be heard on the matter.

Control Number: _____ Map Number: _____

Assessed Value: Former: _____ New: _____

Printed Name: _____

Mailing Address: _____

City / State/ Zip: _____

Telephone: Day: _____ Evening: _____

My reason for appeal is:

I hereby acknowledge receipt of a copy of APPEAL PROCEDURES, RULES AND REGULATIONS AND APPEAL BOARD RECOMMENDATIONS.

Signature: _____ Date: _____

Received for the Board on: _____ By: _____