

Onslow County Personal Property Review Request Form

Date of Request _____ Received By _____

Parcel ID: _____ Record Number: _____ Current Tax Value _____

Owner Name: _____

Mailing Address: _____

Home Ph. _____ Work Ph. _____ Cell Ph. _____

Property Location: _____

Property Description: _____

Year: _____ Make: _____ Model: _____

Reason for appeal: _____

In your opinion, what was the fair market value of the property on January 1, 2016?

How did you arrive at your opinion of value? _____

Date Property Purchased _____ Purchase Price \$ _____

Cost of improvements added since purchase (if any) \$ _____

Recommended Value after Review \$ _____

() I **accept** the recommended tax value stated above.

() I **do not accept** the recommended tax value stated above and request to appeal the tax value to the Board of Equalization and Review.

Taxpayer's Signature

Date

Office Use Only

Special Instructions for Review _____

Recommended Action _____

Reviewed By _____ Date _____

Notification Sent By _____ Date _____