

**BUCKS COUNTY BOARD OF ASSESSMENT APPEALS  
APPLICATION FOR THE EXEMPTION OF REAL ESTATE**

**\* A non-refundable \$250.00 filing fee must be submitted along with the application for each parcel on/or before September 1, 2023 to be considered for January 2024. Do not send cash through the mail. Make check payable to: Bucks County Board of Assessment. No facsimiles will be accepted.**

Under the provisions of law any owner of real estate (includes taxing districts) desiring tax exempt classification, must file a statement of appeal, in writing, with the Board of Assessment Appeals. Such statement shall designate the tax parcel number, the assessment you are appealing, and the address to which the Board shall mail notice of when and where to appear for a hearing. No appeal hearing shall be scheduled or heard until appellant shall first have filed the appropriate appeal forms and required documents as set forth by Board policy.

Tax Parcel Number: \_\_\_\_\_  
Record Owner(s) Name: \_\_\_\_\_  
Mailing Address: \*\* \_\_\_\_\_  
Location of Property: \_\_\_\_\_  
Property building/improvements: \_\_\_\_\_  
\_\_\_\_\_

Size of Lot for which portion of exemption is requested: \_\_\_\_\_

Portion of property not covered by the exemption request: \_\_\_\_\_  
\_\_\_\_\_ is/are used for: \_\_\_\_\_

This portion of property is now and since \_\_\_\_\_ has been used continuously and exclusively for the following purposes(s): \_\_\_\_\_

No rent, revenue or income is or will be derived there from exempt portion.

Except: \_\_\_\_\_

**Certificate of Appeal**

I/we hereby declare my/our intention to appeal for exemption from taxation the property described above and do hereby verify that the statements made, and documents attached in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. CS Section 4904, relating to unsworn falsification to authorities.

\*\* I confirm that the above noted mailing address is to be used for all future notices and correspondence from BOA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner(s) of Record  
\_\_\_\_\_  
Owner(s) of Record Phone: \_\_\_\_\_

\*\*\* If an Attorney is representing you the Verification of Authorized Attorney MUST be completed on the reverse side.

The aggrieved party of record must execute this assessment appeal form. Separate forms must be submitted for multiple parcels.

The aggrieved party, or authorized Attorney, must be present at the hearing, unless appropriate waiver is requested. No postponements will be granted.

This section must be completed only if an Attorney will represent you.

Only Attorneys-at-law licensed to practice in the Commonwealth of Pennsylvania may represent aggrieved parties at the appeal hearings before the Board.

Verification of Authorized Attorney

I/We hereby verify, affirm, and swear that I am the duly authorized attorney for the owner(s) of this parcel being appealed and that I am authorized to file the Notice of Intention to Appeal Property Assessment of said property before the Bucks County Board of Assessment Appeals. I verify, affirm, and swear that the statements made herein and in the Notice of Intention to Appeal are subject to penalties of 18PA C.S.A. Sec 4903 and 4904 relating to false swearing and unsworn falsification to authorities.

Signed: \_\_\_\_\_ I.D. No. \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Attorney)

Print Name of Attorney  
\_\_\_\_\_

Phone Number of Attorney  
\_\_\_\_\_

Email of Attorney  
\_\_\_\_\_

Address of Attorney  
\_\_\_\_\_

Application must be returned to the office of:  
Bucks County Board of Assessment Appeals  
55 East Court Street, 6<sup>th</sup> floor  
Doylestown, PA 18901  
215-348-6219  
Fax (215)348-7823

September 19, 2022