



FAYETTE COUNTY BUILDING

Fayette County Board of Assessment Appeals

2 West Main Street Suite 212
Uniontown, Pennsylvania 15401-3514
724-430-1350

<http://property.co.fayette.pa.us/appeals.aspx>

Name _____
c/o _____
Address _____
City/State/Zip _____

Map Number: _____
Municipality: _____
School District: _____

APPEAL FROM ASSESSMENT

In accordance with the Pennsylvania Consolidated County Assessment Law, Purdon's PA Statutes, Title 53, Chapter 88, Section 8844 (c), any person aggrieved by any assessment may appeal for relief by filing a written statement with the Board of Assessment Appeals, **such statement designating the assessment or assessments appealed from and the address to which the Board shall mail notice, if different from above printed address, of when and where to appear for a hearing**. All appeal forms must be originals, photocopies and/or facsimiles not accepted.

All appeal forms must be accompanied by the appropriate fee: Residential \$25.00, Commercial \$100.00.

STATEMENT OF INTENTION TO APPEAL FOR TAX YEAR 2026

Please provide address where Hearing Notice(s) and all other correspondence should be sent if different from above

Mailing Address: _____

Phone No: _____ Attorney: _____

Property Description: _____

INFORMATION REQUESTED FROM APPELLANT

(Please type or print answers to all questions)

Assessment Appealed: _____ Claimed Current Market Value _____

Age (Main Structure Only) _____ Is this a Rental or Commercial Property _____

(If Yes above, please complete page 2)

Reason(s) for appeal: _____

List comparable sales similar to subject property (Be specific; use reverse if needed):

CERTIFICATE OF APPEAL

I/We hereby declare my/our intention to appeal from the assessment(s) described in the foregoing, and I/we do hereby certify that the statement made by me/us in connection thereto are true and correct and that this appeal is made in good faith. **Please print your name below signature.**

Date: _____ Signed: _____

Printed name of signatory _____

Type of Appeal: YEARLY Completed form must be returned by: **August 1, 2025**

Appeal No: _____ Date received by Board: _____ By: _____