



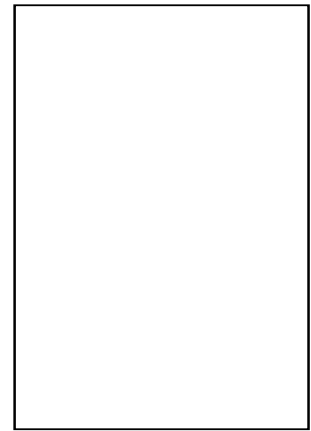
ALLEGHENY COUNTY BOARD OF PROPERTY ASSESSMENT APPEALS & REVIEW

ANNUAL APPEAL FILING DEADLINE: October 1, 2024

2025 ASSESSMENT APPEAL FORM

(Hand-delivered by close of business 10/1/2024; postmarked or electronic receipt dated by 10/1/2024)

- Email signed and scanned applications to: AnnualAppeals@AlleghenyCounty.US
• Mail/Deliver to County Office Building, 542 Forbes Ave., Room 334, Pittsburgh, PA 15219
• Keep a copy of this form your records. The appellant is responsible for retaining proof of filing of this appeal.
• Taxing jurisdictions must serve property owner(s) with a copy of their appeal.
• Evidence may NOT be sent with this form.
• Evidence must be received by BPAAR 10 days before your hearing date.



PARCEL ID: (Lot/Block) Number (A SEPARATE FORM MUST BE USED FOR EACH PARCEL BEING APPEALED)
EXAMPLE: 0123-A-00456-0000-00

Grid of boxes for entering parcel ID numbers

Location of Property Being Appealed: (Example: 123 Test Street, Pittsburgh, PA 15219)

Address: _____

Appeal filed on behalf of (check only one): [] Property Owner [] School District [] Municipality

[] Check here if multiple appeals are being filed under this owner. (List Multiple Parcel ID's at the bottom of the page.)

If multiple parcels are being appealed staff will try to schedule them together if the multiple box is checked at the time of filing and the parcels are listed below. If you have more than 9 to list, please attach an additional sheet. Each parcel still needs its own form, even if it is listed below for scheduling purposes.

Are there any property description errors? [] Yes [] No

If yes, explain below. Note: High Value is NOT a Description Error.

Examples: Too many bathrooms or acreage is wrong

Municipality: _____

School District: _____

Name of Property Owner(s): _____

Mailing address of Property Owner(s): If different than property

APPELLANT Party Filing Appeal

PRINTED Name of Appellant: _____

Address to mail noticeB: _____

Phone C: _____ - _____ - _____



Signature of Appellant

Date

Email: _____

AUTHORIZED REPRESENTATIVE

PRINTED Name of Auth. Rep.: _____

Representative Address to mail notice**: _____

Rep. Phone: _____ - _____ - _____

Signature of Authorized Representative

Date

Email: _____



Rep.

List Parcel ID's for other parcels you are appealing here:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

[] By submitting this form, I verify that I am the property owner, authorized representative, or taxing body representative and I understand that false statements made herein are subject to the penalties of 18 Pa. C.S.A §4904 relating to unsworn falsification to authorities.

A-Details for evidence submission will be provided in your hearing notice, sent to the owner/appellant addresses on file.

B, **-ALL NOTICES are sent to appellant's mailing address listed above unless the appellant appoints an authorized representative who will receive all notices on behalf of the appellant. C- Your phone number is required and will be your primary contact number for hearings. Please ensure this number can be reached between 8am-5pm daily. [Rev. 07.2024]