

DEPARTMENT USE

Interim/Annual: _____

Eff. Date C/M: _____

Eff. Date SCH: _____

BOARD OF ASSESSMENT APPEALS

ADAMS COUNTY COURTHOUSE, ROOM 202
117 BALTIMORE STREET, GETTYSBURG, PA 17325

TELEPHONE: 717-337-9837 FAX: 717-337-5767

E-MAIL: TaxOffice@adamscounty.us

Revised 10/27/2021

APPLICATION FOR REAL PROPERTY TAX EXEMPTION

NAME: _____

ADDRESS: _____

BOROUGH/TOWNSHIP: _____ DEED REFERENCE: _____

PARCEL NUMBER: _____ PROPERTY ADDRESS: _____

NATURE OF APPLICANT (i.e., church, government entity/agency, charitable organization, etc.) (please included a copy of applicant's tax exemption determination by the internal Revenue Service): _____

PRESENT AND INTENDED USE OF THE PROPERTY BY THE APPLICANT (if Applicant makes or intends to make no use of the property, please so state): _____

IS THE PROPERTY RENTED OR LEASED TO ANOTHER PERSON(S) OR ENTITY(IES), AND IF SO, WHAT IS THE PRESENT OR INTENDED USE THEREOF BY THE TENANT(S): _____

WHAT, IF ANY, INCOME IS DERIVED FROM THE PROPERTY BY THE APPLICANT OR APPLICANT'S TENANT(S), AND IF SO, PLEASE STATE THE SOURCE(S) AND ANNUAL AMOUNT THEREOF: _____

I VERIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C. S. § 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DATE: _____

SIGNATURE

EMAIL ADDRESS

PRINTED NAME

TELEPHONE NUMBER

TITLE

Exemption requests are heard during the annually scheduled appeals; this form must be received by August 1st at 4:30PM EST or within the 40 day appeal period listed on an assessment notice to be heard during this year's appeals.