

**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

**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 SOUCE(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

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TITLE

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