



Return to: Assessment Office
 Adams County Courthouse Room 202
 117 Baltimore St.
 Gettysburg, PA 17325
 Telephone#: 717-337-9837 Fax#: 717-334-2091

OCCUPATION ASSESSMENT APPEAL FORM

Date: _____

Name: _____ Birthdate: _____

Address: _____ Telephone No.: _____

Borough or Township: _____ Social Security No.: _____

Present Position / Job Title: _____

Present Employer: _____ and Telephone No.: _____

Present Hours Worked Weekly: _____ Number of Weeks Per Year: _____

Length of Time in Position: _____

Reason for Appeal _____

NOTE:

- Occupation assessments are not based on income.
- Notification of the outcome of this appeal will be sent to you after your appeal hearing and no later than November 15th.
- If an appeal is received within the 40 day appeal period listed on the assessment notice, any change from this appeal will be sent to the taxing bodies for an adjustment for any taxes that were affected by the change on the original assessment notice. A change from an annual appeal will be made for future taxes.

I hereby declare my intention to appeal my occupation assessment, described in the foregoing and I do hereby certify that the statements made by me in connection thereto are true and correct and that this request is made in good faith, and, if needed, I give my consent for my employer to be contacted to verify or clarify the above data.

Signature

FOR OFFICE USE ONLY

OCCUPATION ASSESSMENT APPROVED TO: _____

BOARD MEMBER _____

SECRETARY _____

BOARD MEMBER _____

CHIEF ASSESSOR _____

BOARD MEMBER _____