

Office Use

Appeal No.: _____

Act 319 Rollback Assessment Appeal Form
Lancaster County Board of Assessment Appeals
150 North Queen Street
Suite 310 3rd Floor
Lancaster, PA 17603

Please Type or Print:

Owners Name: _____ Contact number _____

Mailing Address: _____
Street/No _____ City _____ State _____ Zip _____

Property Location: _____
Street/No _____ Municipality (City/Twp/Borough) _____

Tax Parcel Account Numbers: _____

Clean and Green application number: _____ Enrollment Date: _____

Rollback Statement Due Date: _____ Total rollback statement amount: _____

Please state your objections to this action taken to rollback your 319 assessment. Attach any substantiating material in support of your objection:

With this Act 319 Rollback Assessment Appeal, you are appealing the amount of tax and interest responsibility, not the assessed value of your property. (If you are unsure of the value of your property, you may visit the County website and check the Property Assessment Record Card for your tax parcel.)

The undersigned hereby requests a formal hearing before the Board of Assessment Appeals in its Office, 150 N. Queen Street, Suite 310, Lancaster, Pa 17603. I/we understand that false statements herein are made subject to the penalties of 18 Pa., C.S. Section 4904, relating to unsworn falsification to authorities.

Property Owner(s) signature: _____ Date: _____
_____ Date: _____

Third party contact information _____

PLEASE REMEMBER TO:

Return Appeal Form within 40 Days of Rollback Statement

Fill out the Appeal form in full

Sign and date the form