



CUMBERLAND COUNTY
BOARD OF EQUALIZATION AND REVIEW
P.O. BOX 449, FAYETTEVILLE, NC 28302

MAILED: ____/____/____
RECEIVED: ____/____/____
B.E.R. #: _____

NOTICE OF APPEAL OF ASSESSMENT

TAX YEAR 2022

PARCEL #: _____

*I hereby request an appointment for appeal of the assessment applied to the following property:

Appellant Owner: _____
Mailing Address: _____ Zip Code _____
Location of Property: _____
Home Telephone: (____) _____ Work /Cell Telephone: (____) _____
Email address: _____

Non-owner Appellant: Attach duly executed power of attorney

Company Name: _____
Attorney Representing Company: _____ Phone: _____

Did you request a review of this property by a County Appraiser in this or prior years? _____ What year? _____

Value Under Appeal: \$ _____ Taxpayer's Opinion of Value: \$ _____

TAXPAYER'S OPINION OF VALUE IS NECESSARY FOR PROCESSING THIS APPLICATION.

Reason for Appeal: _____

*Has an independent appraisal been made on this property? If yes, please attach complete appraisal. Yes ____ No ____
Date: _____ Appraiser's Name: _____ Appraised Value: \$ _____

Sales History: Date of Last Sale: _____ Sale Price: \$ _____

Cost of improvements made after sale: \$ _____

Comparable Properties (Owner, Street No., Acres, etc.)	Sales Price	Date
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

**For appeals on income-producing property, (Shopping Centers, Motels, Apartment complexes, Mobile Home Parks, etc.) please attach audited operating statements for 2019, 2020, and 2021.*

Enclose copies of all evidence to support your appeal, such as appraisals, comparable properties, income and expense statements, etc.

***This information will be considered to determine any effect on value established per the 2017 Schedule of Values. To ensure your appeal is received timely, postmark must be on or before the deadline of May 25, 2022.**

Cumberland County website (www.co.cumberland.nc.us)

TAXPAYER'S AFFIRMATION: UNDER THE PENALTIES PRESCRIBED BY LAW, I HEREBY AFFIRM TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL INFORMATION SUBMITTED ON THIS FORM AND ACCOMPANYING STATEMENTS ARE TRUE AND COMPLETE.

Signature: _____

Date: _____