



Burke County

Office of Tax Administration
LISTING DEPARTMENT

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Tax Administrator
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_____ REQUEST FOR REVIEW OF PERSONAL PROPERTY MANUFACTURED HOME VALUATION
(Year)

OWNER INFORMATION:

Real Property in the Name of _____

911 Address _____ Parcel Number _____

Personal Property in the Name of _____

Account Number _____ Record Number _____

TAX OFFICE VALUE: \$ _____ **TAXPAYERS ESTIMATION OF VALUE \$** _____

MANUFACTURED HOME INFORMATION

Make: _____ Model: _____

Year: _____ Size: _____ x _____ Serial Number: _____

of Bedrooms: _____ # of Fireplaces: _____ # of Baths: _____ # of Half Baths: _____

Type of Heat: _____ Air Conditioning: YES / NO Roof Materials: _____

Exterior Material: _____ Wall Coverings: _____ Floor Coverings: _____

Purchase Price: \$ _____ Date Purchased: ____/____/____

Please include information (bill of sale, appraisal, pictures, etc.) to support the basis of your appeal.

ADDITIONAL INFORMATION:

I hereby request a review of the tax appraisal of the personal property described above. **I understand that this request for review will consider valuation issues only.** From the facts presented, the tax appraiser has three options: **to sustain, reduce, or increase the current value.**

(SIGNED) (DATE)

(MAILING ADDRESS)

(PHONE #)

(CELL PHONE #)

TAX OFFICE USE ONLY

(DATE APPEAL FILED)

(RECEIVED BY)

(Reviewed by)

(POSTMARK DATE)