Form A-1 (11-21)

PETITION OF APPEAL PASSAIC COUNTY BOARD OF TAXATION

Appeal Number	
Filed	
Check/Cash	
Checked	

Tax Year	Filed
	Check/Cash
NAME OF PETITIONER	Checked
MAILING ADDRESS	
	E-mail Address
PROPERTY CLASS BLOCKLO	OTQUALIFIERLot Size
MUNICIPALITY	Property Street Address / Location
Select Appeal Type: In-Person Hearing Virtual Appeal Hearing (verify with county if thi Summary Hearing — I am opting to have mappearance (See Instruction #8) Name, address and telephone number of person or a	y appeal heard as a summary action on the evidence I submit, without my
SECTION I APPEAL OF REAL PROPERTY VALUA	TION (SEE INSTRUCTION SHEET FOR FILING FEES AND DEADLINE DATE)
CURRENT ASSESSMENT	REQUESTED ASSESSMENT
Land \$	Land \$
Bldg/Improvement \$	Bldg/Improvement \$
Abatement (If any) \$	Abatement (If any) \$
Total \$	Total \$
Purchase Price \$ Date of Purchase	
REASON FOR APPEAL:	
SECTION II COMPARABLE SALES (See Instructional Block/Lot/Qualifier Property Street Add	ress / Location Sale Price Sale/Deed Date
1	\$
2	\$
3	<u> </u>
4	\$
5	\$
SECTION III APPEAL FOR DENIAL OF: (See Attach Copy of Denial Notice for Section III Dedu	
Veteran's Property Tax Deduction for Veteran of Spouse or Surviving Civil Union Partner or Surviving Partner of Veteran/Serviceperson	
position of the control of the contr	
Senior Citizen/Disabled Person Property Tax D Senior Citizen/Disabled Person or Surviving Spou	

that a copy of this appeal (and attachments, if any) has been served upon the Assessor and Clerk of the municipality where this property is located. Petitioner certifies that the foregoing statement is true and is aware that if the foregoing statement is willfully false, he/she is subject to punishment.

Date Original Signature of Petitioner or Attorney for Petitioner