

Northampton County

Property Owners Tax Value Formal Appeal Form

Listing Abstracts provides the tax value from the last revaluation for real property. These values were effective as of January 1, 2023 (the last year a revaluation was done). If you feel your value has been set significantly above or below fair market value, please use the following form to request in writing, a formal hearing with the Northampton County Board of Equalization and Review.

Mail to: Northampton County Tax Department
PO Box 637
Jackson NC 27845

Date: ___/___/___

I object to the 2023 tax valuation of parcel number _____ as shown on the **2025 Listing Abstract** and I believe this parcel should be valued at a fair market value in the amount of \$_____.

My local phone number is () ____-____. The best time to reach me is between the hours of ____ a.m. to ____ p.m. The location address of my local residence is, _____.

I have provided the attached data (check all that apply):

- Copy of recent appraisal of property
- Comparable property sales information
- Termite or moisture damage report
- Other _____

I look forward to being notified in writing of the date, time and location the appeal will be heard at the formal hearing.

APPELLANTS WHO DO NOT HOLD AN OWNERSHIP INTEREST IN THE SUBJECT PROPERTY MUST FILE A COMPLETED ASSESSOR APPROVED POWER-OF-ATTORNEY FORM SIGNED BY THE PROPERTY OWNER, WITH NORTHAMPTON COUNTY TAX DEPARTMENT.

Request submitted by:

Name _____
Address _____
City, State, Zip _____
Phone number () ____-____
Email Address _____

PLEASE DO NOT WRITE BELOW THIS LINE

Tax Assessor's recommendation:

Change land value to: \$ _____
Change improvement to: \$ _____
Total value: \$ _____

Board of Equalization and Review: Decision of the Board of Equalization and Review indicated below:

- Made no change in tax value
- Reduced tax value to \$ _____
- Increased tax value to \$ _____
- Other _____

Land tax value \$ _____
Building tax value \$ _____
Total tax value \$ _____

Signature of the Clerk of the Board of Equalization and Review:

_____ Date ___/___/___

*******PLEASE SUBMIT A SEPARATE FORM FOR EACH PARCEL*******