

**COUNTY OF ARMSTRONG**  
**BOARD OF ASSESSMENT APPEALS**

450 Market Street - Suite 20  
Kittanning, Pennsylvania 16201  
724-548-3487

**NOTICE OF INTENTION TO APPEAL**

I hereby appeal the tax assessment on the property described below and wish to be heard on the matter.

Control Number \_\_\_\_\_ Map Number \_\_\_\_\_

Assessed value: Former \_\_\_\_\_ New \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Property Address \_\_\_\_\_

Telephone Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

My reason for appeal is : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge receipt of a copy of APPEAL PROCEDURES, RULES AND REGULATIONS AND APPEAL BOARD RECOMMENDATIONS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Received for the Board on \_\_\_\_\_

By \_\_\_\_\_