



DURHAM COUNTY BOARD OF EQUALIZATION & REVIEW APPEAL FORM - EXEMPTION or EXCLUSION

BEFORE YOU BEGIN, PLEASE READ THE INSTRUCTIONS LOCATED ON PAGE TWO OF THIS FORM

PARCEL REFERENCE NUMBER

ACCOUNT NUMBER

CURRENT OWNER

ATTORNEY REPRESENTING OWNER (IF APPLICABLE)

MAILING ADDRESS

OWNER ADDRESS (IF DIFFERENT FROM ABOVE MAILING ADDRESS)

PROPERTY ADDRESS (IF DIFFERENT FROM ABOVE MAILING ADDRESS)

HOME/CELL PHONE

WORK PHONE/ATTORNEY'S PHONE
(if applicable)

EMAIL ADDRESS

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CHECK THE EXEMPTION OR EXCLUSION PROGRAM THAT WAS DENIED

- ELDERLY/DISABLED EXCLUSION
- DISABLED VETERAN EXCLUSION
- CIRCUIT BREAKER DEFERMENT
- CHARITABLE EXEMPTION
- EDUCATIONAL EXEMPTION
- RELIGIOUS EXEMPTION
- SCIENTIFIC EXEMPTION
- BUILDER PROPERTY TAX EXEMPTION
- OTHER (Please Specify) _____

REASON STATED BY DURHAM COUNTY FOR DENIAL OF EXEMPTION/EXCLUSION APPLICATION

PLEASE STATE THE BASIS FOR THIS APPEAL. PROVIDE EXPLANATION FOR WHY THE DENIED APPLICATION FOR EXEMPTION OR EXCLUSION SHOULD BE APPROVED BY THE BOARD OF EQUALIZATION AND REVIEW. (Attach supporting documentation as needed)



DURHAM COUNTY BOARD OF EQUALIZATION & REVIEW APPEAL FORM - EXEMPTION or EXCLUSION

Parcel Reference Number _____ Current Owner _____

All property tax relief programs made available by the Durham County Office of Tax Administration are administered in accordance with North Carolina General Statutes.

Instructions for completion of this Form:

Each property/parcel requires a separate appeal form.
You must own or control property taxable in Durham County to file an appeal with respect to tax relief.

Only taxpayers that own property in Durham County, corporate officers and attorneys representing taxpayers, licensed to practice law in North Carolina, may present evidence to the Board. Attorneys who speak should not give factual testimony but may summarize their client's case.

Appellants who do not hold an ownership interest, unless a relative of the owner as defined in N.C.G.S. 105-277.2(5a) must file a Tax Office supplied Power-of-Attorney form signed by the owner.

Return this form, together with all evidence to support the appeal.

Complete, "Taxpayer Affirmation".

Appeals should be submitted within thirty (30) days of written notice by the County that the applicant's application denial for exemption or exclusion is provided.

TAXPAYER AFFIRMATION

UNDER 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 _____ TITLE _____ DATE _____

PRINTED NAME _____

SIGNATURE MUST BE OWNER, CORPORATE OFFICER, OR ATTORNEY LICENSED TO PRACTICE LAW IN NORTH CAROLINA

MAIL TO: EXEMPTIONS/EXCLUSIONS APPEAL BOARD OF EQUALIZATION & REVIEW P.O. BOX 3397 DURHAM, NC 27702	EMAIL: taxlandrecords@dconc.gov PHONE: (919) 560-0300 FAX: (919) 328-6180
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