

NEWCASTLE FIRE PROTECTION DISTRICT

REQUEST FOR BOARD REVIEW OF TAX APPEAL ISSUE

PROPERTY OWNER(S):

Name: _____ Date: _____

Mailing Address: _____ Phone #: _____

Email address: _____

PROPERTY:

Site address of Property in question: _____ Tax Year in question: ____/____

Parcel No:(s) of Property(s) in question:

	Parcel Numbers				Current Tax		Tax Paid		Parcel Size	Parcel Improved				
	xxx	-	xxx	-	xxx	-	xxx	-		F	B	Yes	No	
1.	_____	-	_____	-	_____	-	_____	_____	_____	_____	Yes	No	Yes	No
2.	_____	-	_____	-	_____	-	_____	_____	_____	_____	Yes	No	Yes	No
3.	_____	-	_____	-	_____	-	_____	_____	_____	_____	Yes	No	Yes	No
4.	_____	-	_____	-	_____	-	_____	_____	_____	_____	Yes	No	Yes	No

Please explain exactly what is being requested. (i.e. a refund of tax for this year; an exemption for parcel 1, etc. Please be Specific.)

Please explain why the Board should approve this request.

RECOMMENDATION: _____

Signature: _____ Date: _____