



KENT COUNTY
BOARD OF ASSESSMENT

INFORMAL APPEAL _____
SUPPLEMENTAL APPEAL _____
FORMAL APPEAL _____

RESIDENTIAL _____
COMMERCIAL _____
LAND _____

OWNER/PETITIONER NAME: _____

PROPERTY LOCATION: _____

PARCEL ID NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

Name, telephone #, fax # and address of person or attorney to be notified of hearing and judgement, if different from above:

SECTION I ASSESSMENT INFORMATION:

ASSESSMENT YEAR: 2024

CURRENT ASSESSMENT BREAKDOWN (if known)

REQUESTED ASSESSMENT BREAKDOWN

Land: \$ _____

\$ _____

Improvements: \$ _____

\$ _____

Total: \$ _____

\$ _____

SECTION II COMPARABLE SALES:

Parcel ID	Property Location	Sale Price/Sale Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION III (attach pages, if needed)

BASIS FOR APPEAL: _____

CERTIFICATION OF SERVICE

On _____, 20____ I, the undersigned, served upon the Kent County Assessment Office or upon the taxpayer, personally or by regular mail or certified mail, a copy of this appeal. I certify that the foregoing statement made by me is true, I am aware that if the foregoing statement is willfully false, I am subject to punishment.

Signature/Date _____

OFFICE USE ONLY

File Date: _____
Review Date/Initials: _____
Stipulate/Hearing Date: _____

Appeal # _____