

**RESIDENTIAL ASSESSMENT APPEAL FORM**  
**BOARD OF ASSESSMENT REVIEW OF SUSSEX COUNTY**

This form may be submitted by mail to PO Box 589, Georgetown DE 19947, in person at 2 The Circle, Georgetown DE, or electronically to the Assessment Department at [assessmentappeals@sussexcountyde.gov](mailto:assessmentappeals@sussexcountyde.gov). If every question is not clearly and completely answered, the Board may deny your appeal without further hearing. Submit a separate appeal form for every tax parcel.

**REMEMBER:**

1. Hearsay rules apply: expert testimony must be presented by the expert, and copies of contracts, appraisals, etc., must be presented by the author him/herself.
2. Assessment is based on 100% of the fair market value of your property as of July 1, 2023.

**Property Identification**

Owner(s): \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Street Address of Parcel: \_\_\_\_\_

Current Assessment: \$ \_\_\_\_\_

Purchase Price (Total of Land and Improvement): \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Special Conditions of Sale: \_\_\_\_\_

How was property acquired  Private Sale  Auction  Open Market  Family  Inherited  
 Other \_\_\_\_\_

Major Renovations or structural changes to property since purchase (i.e., Demolition, Construction, Additions, Major Repairs, etc.)

Year	Cost	Change

**Description of Property**

Lot size/Land Area \_\_\_\_\_ Style of Home \_\_\_\_\_

Number of: Bedrooms: \_\_\_\_ Bathrooms: \_\_\_\_ Fireplaces: \_\_\_\_

Finished Basement  Finished Attic  Central Air

Porches and Additions: \_\_\_\_\_

Describe outbuildings or accessory structures other than main dwelling:

What do you consider to be the fair market value of the property as of July 1, 2023? \$ \_\_\_\_\_

On what basis do you reach that Opinion?  
(Select One)

<input type="checkbox"/>	Appraisal (person who did the appraisal must appear at the hearing and the appraisal must be submitted with this appeal form).
<input type="checkbox"/>	Comparable Sales (identify below)
<input type="checkbox"/>	Other (provide detail below or in a separate attachment)

Briefly discuss the reason for your appeal and for your conclusion of value:

**Comparable Sales**

**Comparable sales must reasonably relate to sales as of July 1, 2023.** Any comparable sales you intend to discuss at the hearing (up to a maximum of six) must be listed in or attached to this form, or the Board will not consider them. You will not be permitted to testify or introduce evidence concerning comparable sales not set forth in this form. **The assessed value of other properties, or the taxes paid by other homeowners, is not acceptable as evidence of overvaluation. Do not cite the assessed values of other properties in your appeal.**

**You must submit 3 comparable sales.**

1. Parcel Number \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_

Sales Price \$ \_\_\_\_\_ Date of Sale \_\_\_\_\_

Lot Size/Land Area \_\_\_\_\_ Style of House \_\_\_\_\_

Number of: Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Fireplaces: \_\_\_\_\_

Finished Basement    Finished Attic    Central Air

Porches and Additions: \_\_\_\_\_

Describe Garage or Other Improvements:

Additional Comments:

2. Parcel Number \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_

Sales Price \$ \_\_\_\_\_ Date of Sale \_\_\_\_\_

Lot Size/Land Area \_\_\_\_\_ Style of House \_\_\_\_\_

Number of: Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Fireplaces: \_\_\_\_\_

Finished Basement  Finished Attic  Central Air

Porches and Additions: \_\_\_\_\_

Describe Garage or Other Improvements:

Additional Comments:

3. Parcel Number \_\_\_\_\_ Owner \_\_\_\_\_

Address \_\_\_\_\_

Sales Price \$ \_\_\_\_\_ Date of Sale \_\_\_\_\_

Lot Size/Land Area \_\_\_\_\_ Style of House \_\_\_\_\_

Number of: Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Fireplaces: \_\_\_\_\_

Finished Basement  Finished Attic  Central Air

Porches and Additions \_\_\_\_\_

Describe Garage or Other Improvements:

Additional Comments:

**Witnesses or Agents**

Identify any witness or attorney/agent who will appear on your behalf at the hearing. If necessary, attach a list of additional witnesses.

\_\_\_\_\_ Name

\_\_\_\_\_ Firm or Company

\_\_\_\_\_ Address

\_\_\_\_\_ Contact Information (phone and/or e mail)

**Owner Certification**

The undersigned represents that he/she is the owner or authorized agent of the owner for the described property, and affirms that all statements herein are true to the best of his/her knowledge and belief, and asks the Board of Assessment Review that the assessment of said property for fiscal year \_\_\_\_\_ be reduced to: \$ \_\_\_\_\_

Signature of Owner or agent<sup>1</sup> \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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

E Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please use  mailing address  e mail for Notice of Hearing and Notice of Decision**

Note: If you do not wish to appear before the Board for a formal hearing, please check here  and the Board will consider your appeal on, the basis of the information contained in this form.

I request that Assessment disclose witnesses and exhibits.

<sup>1</sup> If this form is signed by an agent of the owner, the agent must attach a statement from the owner authorizing the agent to present this appear and represent the interest of the owner herein.