



Application for Hearing Before the 2025 Guilford County Board of Equalization and Review

Appeal Deadline: 5:00 pm EST on May 15, 2025

Tax parcel information can be found at: <https://lrcpwa.ncptscloud.com/guilford/>

I hereby request a hearing before the 2025 Guilford County Board of Equalization and Review

Section 1 - Property Information

Parcel Number: _____ Appraisal Neighborhood: _____
 Property Address: _____ City: _____
 Zip Code: _____ Land Class: _____

Section 2 - Ownership Information & Type of Property

Owners Name: _____ Representatives Name: _____
 Have you purchased this property within the past 6 months? Y ___ N ___
 New Owner Name: _____
 Mailing Address: _____ (Rep.) Mailing Addr: _____
 Phone (daytime): _____ (Rep.) Phone (daytime): _____
 Cell Phone: _____ (Rep.) Email: _____
 Email: _____

Type of Property: Residential Commercial (*Representatives must submit [POA form](#)*)

A change in value will be considered only if the real estate owner can demonstrate that the appraised value greatly differs from the market value or is inconsistent with the value placed on like or similar properties within your neighborhood.

Section 3 - Basis for Appeal and Owner's Opinion of Value (Check at least one)

- | | |
|--|--|
| <input type="checkbox"/> Purchased Property (Please attach sale info) Recent | <input type="checkbox"/> Commercial Income Value (attach I&E statements 2020-2021) |
| <input type="checkbox"/> Appraisal (From 2020 or 2021 attach copy) Sale of | <input type="checkbox"/> Condition of the property (describe & document) |
| <input type="checkbox"/> Comparable Property (provide copy of listing) | <input type="checkbox"/> Other (provide details below or on a separate sheet) |

Owner's Opinion of Value: \$ _____ (As of January 1, 2022) \$ _____ Total Assessed Value

Section 4 - Buildings, Improvements, Renovations, & Lease Information

Building Total Heated Area: _____ SF Upper Story Finished Area: _____ SF Fireplaces: _____
 Basement: Y ___ N ___ Bsmt. Finished Area: _____ %
 This building has Central Air Conditioning: Y ___ N ___ Total Number of Full Baths: _____ Total Number of Half Baths: _____
 Is this Property leased: Y ___ N ___ If leased, what is the Monthly Rent: \$ _____
 If the building has been renovated, please list the date, type & cost of renovation: _____

 Additional Information: _____

Section 5 - Appeal Information

By State Law, Guilford County assessed real estate values reflect the market value **as of January 1, 2022**, which is the date of the county-wide revaluation. Any inflation, deflation or other economic changes occurring after this date do not affect the assessed value of the property and cannot be lawfully considered when reviewing the value for adjustment. Appeal forms with full documentation must be received by **5:00 pm EST on May 15, 2025**, to be heard by the Board of Equalization and Review for 2025.

Section 6 - Signature & Date

I certify that any information given, including attachments, is true and correct. I verify I have authority to file this appeal. I hereby request a hearing to appeal the 2022 tax value of the parcel described herein.

Appellant's Name: _____ Representative's Name: _____
 Date: _____ Date: _____

Email: taxappraisal@guilfordcountync.gov Phone: 336-641-4814

Guilford County Tax Department / PO Box 3138 / Greensboro, NC 27402