

Per Capita / Occupation Tax Appeal Form

Please complete this form and return it to: Elk County Courthouse,
Assessment Office, PO Box 448, Ridgway, PA 15853.

Board of Assessment and Revision of Taxes – Occupation Appeal

District: _____ Control # _____

Name: _____

Address: _____

Phone#: Home: _____ Work: _____

Social Security Number : _____

Occupation Code: _____ Description / Value: _____

Employer Name and Address: _____

CERTIFICATE OF APPEAL: I hereby declare my intention to appeal from the
Assessment described in the foregoing, and I do hereby certify that the
statements made by me in connection therewith are true and correct
and that this appeal is made in good faith.

SIGNATURE: _____

DATED: this _____ day of _____ 20 _____.

DISPOSITION:

Received _____ Rejected _____

FINAL ASSESSMENT _____ DATE: _____

BOARD OF ASSESSMENT AND REVISION OF TAXES:

by _____

DATE GIVEN _____ DATE MAILED _____