

# Clearfield County Board of Assessment & Revision of Taxes

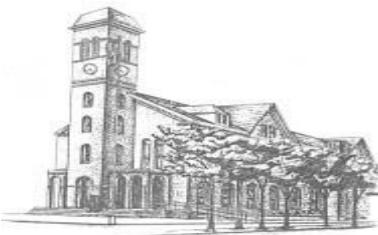
230 East Market Street  
Suite 117  
*Clearfield, Pennsylvania 16830*  
Telephone (814) 765-2641 Ext. 5005  
Fax (814) 765-7652

## **INSTRUCTIONS**

1. Persons who have suffered a catastrophic loss to their property may appeal within the remainder of the County fiscal year or within six (6) months of the date the loss occurred, whichever is longer.
2. For assessment purposes, “catastrophic loss: is any loss due to mine subsidence, fire, flood or other natural disaster which affects the physical state of the property AND which exceeds 50% of the market value of the property prior to the loss.
3. You must complete a separate form for each parcel appealed.
4. Please read all instructions carefully. Your appeal may be rejected if the form is not completed correctly.
5. The form must be completed in its entirety. Do not leave any blanks. If a question does not pertain to your appeal, mark with “n/a”.
6. Your appeal must show a loss of at least 50% of market value to the structures.
7. All appeals must be signed and dated. Please include a telephone number where you may be reached.
8. Photos of the loss must be included with your appeal.
9. If taxes have been paid, please include a copy of the paid receipt. This will enable us to process any necessary refunds.
10. An assessment appeal does not halt the timely payment of real estate taxes as billed. An appeal does not excuse penalties after the discount and face periods have expired.
11. If the assessment is reduced on appeal AND the taxes have been paid, the difference will be refunded by the taxing bodies for the remainder of the fiscal year.

**PLEASE RETAIN THIS PAGE FOR YOUR RECORDS**

**DATE FILED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_**



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## Catastrophic Loss Appeal Form

To be filed with the Clearfield County Board of  
Assessment Appeals at the above address.

This is an appeal for Catastrophic Loss relief through Title 53 P.S. §8815, which provides that the property owner may “appeal to the Board within the remainder of the County fiscal year in which the catastrophic loss occurred or within six (6) months of the date on which the catastrophic loss occurred, whichever time period is longer.” It is understood that “catastrophic loss” means “any loss due to mine subsidence, fire, flood, or other natural disaster which affects the physical state of the real property and which exceeds fifty percent (50%) of the market value of the real property prior to the loss.” A request is being made for the current taxes on subject property be reduced (if unpaid) or partially refunded (if paid), to recognize the effect of the loss on the property’s value for the remainder of the current tax year. It is understood that if the property is repaired, the reduced assessment will remain effective until the next tax year\* following the repair.

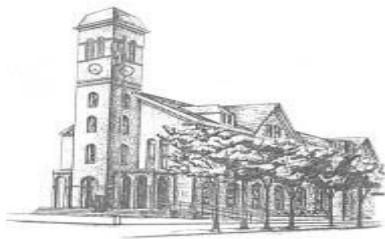
\*County & District tax year is January 1 through December 31. School tax year is July 1 through June 30.

Owner(s): \_\_\_\_\_

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

Address of Property being  
appealed: \_\_\_\_\_

ALL NOTICES OF PROCEEDINGS WILL BE MAILED TO THE OWNER(S)  
OF RECORD AT ADDRESS LISTED ABOVE.



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OWNER(S): \_\_\_\_\_

Type of Catastrophic Loss:  Fire  Flood  Other

For "Other" please explain:

Date of Loss: \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Market Value opinion before loss: \_\_\_\_\_ Estimated Loss: \_\_\_\_\_

Please state the specific physical loss.  
DO NOT INCLUDE PERSONAL PROPERTY. INCLUDE PHOTOS.

Have current year taxes been paid: County/District \_\_\_\_\_ School taxes \_\_\_\_\_

IF YES, PLEASE ENCLOSE A COPY OF THE PAID RECEIPT(S).

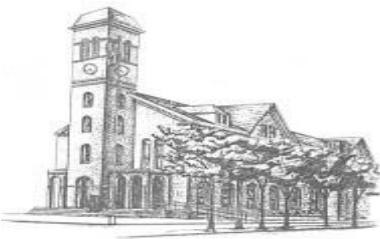
I/We hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I/We understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4909 relating to unsworn falsification to authorities.

Signature(s) of Owner(s): \_\_\_\_\_

Date \_\_\_\_\_

Phone:

OWNER(S): \_\_\_\_\_



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## FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ TYPE OF APPEAL: \_\_\_\_\_

EFFECTIVE YEAR: \_\_\_\_\_ TAX DELINQUENCIES: YES  NO

APPROVED  DENIED  FIELD VISIT REQUIRED

#MONTHS COUNTY \_\_\_\_\_ EFFECTIVE YEAR \_\_\_\_\_

#MONTHS SCHOOL \_\_\_\_\_ EFFECTIVE YEAR \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date