



TOWN OF OCEAN VIEW, DELAWARE

BOARD OF ASSESSMENT

201 Central Avenue, Ocean View, DE 19970

302 539-9797 (office) • 302 537-5306 (fax)

www.oceanviewde.gov



TAX ASSESSMENT APPEAL FORM

Date

[Shaded area for Date]

Please Note: All shaded areas are to be completed by the Petitioner/Property Owner

PETITIONER - PROPERTY OWNER INFORMATION

Last Name First Name Middle Name or Initial Suffix

[Shaded area for Name Information]

PIDN (xxx.xxx) - Town of Ocean View Property Location Being Appealed

[Shaded area for PIDN]

Mailing Address of Property Owner (If Different)

[Shaded area for Mailing Address]

Telephone Number of Property Owner

[Shaded area for Telephone Number]

Email Address of Property Owner

[Shaded area for Email Address]

Alternate Telephone Number of Property Owner

[Shaded area for Alternate Telephone Number]

For Office Use Only
Date Received: _____
Received By: _____
Added to Board Log

Subdivision

[Shaded area for Subdivision]

Current	Appraised Value Set by Appraiser	Comparable Home Values as Determined by Taxpayer			Appraised Value Set By Board
		Comp Home #1	Comp Home #2	Comp Home #3	
Land					
Improvements					
Total					

Town of Ocean View Comparable Home Locations (PIDN if available)

Comp #1 [Shaded area]

Comp #2 [Shaded area]

Comp #3 [Shaded area]

Subdivision

[Shaded area for Subdivision]

Print Name of Taxpayer

[Shaded area for Print Name of Taxpayer]

Signature of Taxpayer

This section is optional - please complete only if necessary.

I hereby authorize [Shaded area] (name of agent) to represent me in this matter.

Telephone Number of Authorized Representative [Shaded area]

Signature of Authorized Representative [Shaded area]