BOARD OF REVISION OF TAXES - APPEAL FORM

Appeal Denied Decisions from the Office of Property Assessment (OPA) or Department of Revenue

Select ONE:		
☐ Denied OPA Abatement Application		
☐ Denied or Partial Denial of OPA Non-Profit Tax Exemption ☐ Denied Homestead Exemption from the Department of Revenue		
OPA ACCOUNT NUMBER:	TAX YEAR OF DEC	ISION BEING APPEALED:
Owner Name:		
Appellant Name (if different):		
Appellant Mailing Address:		
Appellant City, State, Zip Code:		
Appellant Phone:Appellant Email:		
I believe my application should have been approved/granted. I base my opinion on the following reasons(s):		
You must include a co	opy of your denial le	tter from the
Office of Property Assess		
Also include documentation to support your a	opeal, for example:	
• Abatement: Contractor Invoices, Scope of Wo	ork, Before and After Pho	tos, Additional Permits
 Homestead: A government issued i.d., utility purchase 	bills from within the las	t 6 months, copy of deed if recent
• Non-Profit: 501C3, statement of charitable p	urpose, describe use of r	eal estate parcel
Signature of Owner Representative		Date
I affirm that I am the owner or the appointed representati the best of my knowledge.	ve of the owner and that all th	e information supplied is true and accurate to
MAIL OR E-MAIL COMPLETED APPLICATION TO	:	FOR OFFICE USE ONLY
Board of Revision of Taxes		
601 Walnut Street, Suite 325 East Philadelphia, PA 19106		
Phone (215) 686-4343 or (215) 686-9283		

appealinquiry@phila.gov