



REQUEST FOR ASSESSMENT REVIEW

• PLEASE PRINT •

CASE #

For Official Use Only

SECTION 1 – PROPERTY OWNER INFORMATION

Please be sure to complete contact information in Section 4.

Last Name or Company/Organization

First Name and M.I. (if an individual)

--	--

SECTION 2 – PROPERTY INFORMATION

The following information can be found on your tax duplicate. Please list additional parcels on a separate sheet and attach.

Parcel Identification Number (PIN)	Property Owner(s)

County where parcels are located:

SECTION 3 – REASON FOR ASSESSMENT REVIEW

- Adjacency Review** – To qualify, all parcels must be classified by the MWCD as Agricultural, Residential or Vacant and have the same owner(s) of record. The MWCD’s classifications are derived from the official county record.
- Impervious Area Review** – To qualify, all parcels must be classified by the MWCD as Commercial, Industrial, Institutional, Abatement and/or Public Utility. The MWCD’s classifications are derived from the official county record. Actual impervious areas (i.e. rooftops, paved driveways, paved parking lots) are reviewed and the annual assessment will be modified accordingly.
- Property Use/Ownership Change** – Documentation from the County Auditor must be provided as proof of change (please attach).

Please provide any additional information that may assist in the review of your parcels:

SECTION 4 – CONTACT INFORMATION

Please provide the preferred contact information for correspondence related to this request.

Last Name	First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title/Relationship	Company/Organization	
<input type="text"/>	<input type="text"/>	
Mailing Address		
<input type="text"/>		
<input type="text"/>		
City/State/Zip		
<input type="text"/>		
Email Address	Daytime Phone (with area code)	
<input type="text"/>	<input type="text"/>	

SECTION 5 – SIGNATURE

... IMPORTANT ...

This form is for a review of the current year assessment(s) only.
If you believe you have overpaid assessments for previous years,
an *Assessment Payment Verification Form and supporting documentation*
must be submitted with this request.

The Assessment Payment Verification Form is available by contacting MWCD.

This review will NOT be processed without an authorized signature and date.

Signature

Date

MWCD USE ONLY Acknowledgement of Receipt

Date _____

Time _____

By _____

Please send completed form(s) to:
**MUSKINGUM WATERSHED
CONSERVANCY DISTRICT**

1319 Third Street NW • P.O. Box 349
New Philadelphia, OH 44663-0349

Phone (330) 364-8039 or Toll Free (866) 755-6923
Fax (330) 364-4161
www.mwcd.org