

**ADAMS COUNTY VOLUNTEER EMS PROPERTY TAX REBATE DENIAL APPEAL FORM**

INSTRUCTIONS: Please complete all items below. In item #7, please only address the reasons for denial indicated on your denial letter. This appeal must be received in this office by 4:30 PM, 30 days after the date of your denial letter (if that date falls on a weekend or holiday, the next business day). Appeals received after this time will not be considered. Please submit to:

Mail: Adams County Tax Services, 117 Baltimore St, Room 202, Gettysburg, PA 17325

Email: [taxoffice@adamscountypa.gov](mailto:taxoffice@adamscountypa.gov)

FAX: 717-337-5767

OR

USE THE TAX SERVICES DROP BOX AT THE MAIN ENTRANCE TO THE ADAMS COUNTY COURTHOUSE

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1. APPELLANT NAME: \_\_\_\_\_

2. APPLICANT MAILING ADDRESS: \_\_\_\_\_

(Office Use: Date Stamp)

	_____
	_____
	_____
	_____

3. PHONE NUMBER: \_\_\_\_\_ 4. EMAIL: \_\_\_\_\_

5. PARCEL NUMBER: \_\_\_\_\_

6. MUNICIPALITY: \_\_\_\_\_

7. SITE ADDRESS (NUMBER/ROAD ONLY): \_\_\_\_\_

5. DATE OF DENIAL LETTER: \_\_\_\_\_

6. REASON(S) FOR DENIAL (LIST CHECKED NUMBER(S) AS ON DENIAL LETTER): \_\_\_\_\_

7. BRIEFLY EXPLAIN WHY YOU ARE AGGRIEVED WITH THE REASON(S) FOR YOUR DENIAL:  
(PLEASE ATTACH DOCUMENTATION SUPPORTING YOUR APPEAL)

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*By submitting this appeal form and signing below, I swear or affirm that the information contained therein is true and correct to the best of my knowledge, information, and belief and that any false information submitted herein is subject to the penalties of 18 Pa.C.S§ 4904 (relating to unsworn falsification to authorities).*

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APPELLANT SIGNATURE

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DATE