Plaintiff or Filing Attorney Information: Name		
		-
Ad	dress	
Tel	ephone Number Email Address	-
		Tax Court of New Jersey Docket No.
Plaintiff,		
v.		Civil Action Complaint (County Equalization Table)
De	fendant.	
	Plaintiff,	, in the County of,
	State of New Jersey, respectfully shows that:	
1.	. On or before March 10,, theCounty Board of Taxation certified the County Equalization Table values promulgated by it to be used in determining the amount of contribution to be paid by each of the municipalities to the cost of county government ofCounty for the year	
2.	2. The ratio of assessed valuation to true value for said plaintiff in the said County of Equalization Table values is determined as%, whereas in fact the ratio is higher.	
3.	3. The facts upon which this appeal is based are the following:	
4. The following sales which were used by the County Board of Taxation in compiling its sales ratio improperly used for the following reasons:		of Taxation in compiling its sales ratio study were

5. The following sales which were not used by the County Board of Taxation in compiling its sales ratio study were improperly excluded for the following reasons:

6. The plaintiff makes the following additional allegations:

Plaintiff files this complaint pursuant to <u>N.J.S.A.</u> 54:51A-4, and prays that the Court review and revise the said Equalization Table in the manner and for the reasons set forth herein.

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <u>Rule</u> 1:38-7(b).

Date

Signature of Plaintiff or Attorney for Plaintiff

AFFIDAVIT OF SERVICE

STATE NEW JERSEY : SS

:

COUNTY OF _____ :

_____ being of full age and being duly sworn upon my oath,

deposes and says,

- On ______, I, the undersigned, served a true copy of the within complaint upon the clerk of every municipality in the County of ______, upon the Tax Administrator of County Board of Taxation, the Attorney General of the State of New Jersey, and upon the Chief Executive and Clerk of the Board of Chosen Freeholders for the County of _____.
- 2. Said service was accomplished by certified mail, return receipt requested, directed to the above parties at the

official addresses as listed for each in the official directory published for the County of

for the year of _____ and,

 personally <u>OR</u> by registered or certified mail, return receipt requested (strike one out), upon the Attorney General of the State of New Jersey.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

1. The use of this printed form is optional. Any complaint submitted for filing with the Tax Court must contain the information listed in this form and shall conform to the rules of court. The wording in this form may be modified to adapt the form to the facts, allegations and relief sought in a particular case.

Please note:

<u>Rule</u> 1:38-7(b) requires attorneys and self-represented litigants to redact (remove) confidential personal identifiers from all documents prior to filing, unless required by statute, court rule, administrative directive or court order.

<u>Rule</u> 1:38-7(a) defines a confidential personal identifier as a *Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number*. An active financial account number may be identified by the last four digits when the account is the subject of litigation and cannot otherwise be identified.

It is not the responsibility of court staff to redact (remove) confidential personal identifiers when included in pleadings or other documents submitted to the court.