

DAUPHIN COUNTY BOARD OF ASSESSMENT APPEALS

COMMERCIAL, OFFICE, AND INDUSTRIAL PROPERTY APPEAL FORM

Under the provisions of law any person * aggrieved by any assessment desiring to appeal shall file a statement, in writing, with the Board of Assessment Appeals on or before August 1st. Such statement shall designate the assessment appealed from and the address to which the Board shall mail notice of when and where to appear for a hearing. NO APPEAL SHALL BE HEARD BY THE BOARD UNLESS THE APPELLANT FILES BOTH THE APPEAL AND REQUIRED DOCUMENTS: 1) BEFORE AUGUST 1ST FOR ANNUAL APPEALS, OR 2) WITHIN 40 DAYS FROM A NEW OR REVISED ASSESSMENT.

(*) Includes taxing districts

TAX MAP IDENTIFICATION NUMBER: DISTRICT MAP PARCEL LOT TRLR
RECORD OWNER'S NAME(S) :
MAILING ADDRESS:
PROPERTY SUBJECT OF APPEAL:

State Reasons for filing this appeal:

Table with 2 columns: Total Assessment and Opinion of Market Value. Rows include Land, Improvements, Total, Current Market Value, Common Level Ratio, and Indicated Assmt. by CLR.

Table titled 'Recite Sales Supporting Opinion of Current Market Value' with columns: Property Owner, Property Location, Date Sold, Sale Price. Rows 1, 2, 3.

PROPERTY TYPE - CHECK AND COMPLETE PROPER CLASSIFICATION

Form for property classification with checkboxes for Commercial, Office, Industrial, and Other. Each category includes fields for Use, Net Leasable Sq. Ft., Date Built, % Owner Occupied, % Leased, and If Leased, Annual Rent.

-- OVER --

MORTGAGE INFORMATION

Total Amount Financed _____ 1st Loan _____ 2nd Loan _____ 3rd Loan _____
Interest Rate _____
Term of the Loan _____

ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED INCOME & EXPENSE FORM

CHECK ONE OF THE FOLLOWING STATEMENTS

I/we have reviewed the property record card in the assessment office for the property that is the subject of this appeal and find the information contained thereon accurate as to the building size and physical description of the property.

I/we have reviewed the property record card in the assessment office for the property that is the subject of this appeal and find the information contained thereon inaccurate as to the building size and/or physical description of the property. If any information and/or description is not accurate, attach an explanatory statement.

I/we have not reviewed the property record card in the assessment office for the property that is the subject of this appeal.

CERTIFICATE OF APPEAL

I/we hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Signed: _____ Date: _____
_____ Phone # Home: _____
Print Name and Title as Signed Above Office: _____

For Official Use Only

Date Appeal Heard: _____ Field Checked Date: _____
Type of Property: _____ Interior Exterior
Hearing Notes: _____

Decision of Board: NO CHANGE ABANDONED FOR FAILURE TO APPEAR
 WITHDRAWN BY APPELLANT

REVISED FROM: L: \$ _____ TO \$ _____
B: \$ _____ TO \$ _____
T: \$ _____ TO \$ _____

Effective: _____ / _____ / _____ Requires: Exoneration
Refund

INTERIM FROM: B: \$ _____ TO \$ _____

INCOME & EXPENSE INFORMATION
(for the most recent years)

Property Location: _____
 Property Known As: _____

	20	20	20
<u>INCOME</u>			
Potential Gross Income: (If 100% occupied)	_____	_____	_____
Other Income: (List by type)	_____	_____	_____
	_____	_____	_____
Less Vacancy:	_____	_____	_____
Less Credit Loss:	_____	_____	_____
Effective Gross Income:	_____	_____	_____
<u>Expenses</u>			
Land Rent:	_____	_____	_____
Insurance:	_____	_____	_____
Electricity:	_____	_____	_____
Telephone:	_____	_____	_____
Gas:	_____	_____	_____
Water & Sewer:	_____	_____	_____
Trash Removal:	_____	_____	_____
Heat:	_____	_____	_____
Manager's Salary:	_____	_____	_____
Fees:	_____	_____	_____
Legal & Accounting:	_____	_____	_____
Payroll Taxes:	_____	_____	_____
Group Insurance:	_____	_____	_____
Advertising:	_____	_____	_____
Wages & Salaries:	_____	_____	_____
Supplies:	_____	_____	_____
Maintenance & Repairs:	_____	_____	_____
Replacement Reserves:	_____	_____	_____
Other:	_____	_____	_____
Total Operating Expenses:	_____	_____	_____
Net Income Before Recapture & Taxes:	_____	_____	_____

OVER

ITEMS INCLUDED IN RENT
(Check all that apply)

- Heating
- Air Conditioning
- Electricity
- TV Cable

TOTAL NUMBER OF UNITS AND CURRENT ADVERTISED RENT

_____ 1 BEDROOM UNITS @ \$_____ PER MONTH
_____ 2 BEDROOM UNITS @ \$_____ PER MONTH
_____ 3 BEDROOM UNITS @ \$_____ PER MONTH
_____ OTHER UNITS @ \$_____ PER MONTH

NUMBER OF FURNISHED UNITS _____

FURNITURE IN UNITS OWNED BY:

- BUILDING OWNER
- RENTAL COMPANY
- OTHER

Provide any other remarks or relative financial information in this area:
