

BOARD OF ASSESSMENT APPEALS

5th FLOOR

LACKAWANNA COUNTY COURT HOUSE ANNEX

200 ADAMS AVENUE • SCRANTON, PA 18503-1607

COMMERCIAL-INDUSTRIAL

GROSS ANNUAL INCOMES FOR 3 PRIOR YEARS

	20 ____	20 ____	20 ____
Projected income 100% occupied, include value of rent-free units	\$ _____	\$ _____	\$ _____
Actual income received	\$ _____	\$ _____	\$ _____
Vacancy	\$ _____	\$ _____	\$ _____
Actual other income	_____	_____	_____
List by Type:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Total Actual Income Received	\$ _____	\$ _____	\$ _____

GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS

GROSS ANNUAL EXPENSES		20 ____	20 ____	20 ____	ITEMS INCLUDED IN RENT
FIXED EXPENSES	Real Estate Taxes	\$ _____	\$ _____	\$ _____	() Heating
	Insurance	_____	_____	_____	() Air Conditioning
	Land Rent	_____	_____	_____	() Electricity
	Other	_____	_____	_____	() TV Cable
OPERATIONAL EXPENSES	Electricity	\$ _____	\$ _____	\$ _____	() Water
	Telephone	_____	_____	_____	() Carpet
	Gas	_____	_____	_____	() Drapes
	Water & Sewer	_____	_____	_____	() Range
	Trash Removal	_____	_____	_____	() Refrigerator
	Heating	_____	_____	_____	() Dishwasher
	Manager's Salary	_____	_____	_____	() Garbage Disposal
	Fees	_____	_____	_____	() Parking
	Legal & Accounting	_____	_____	_____	() Pool
	Payroll Taxes	_____	_____	_____	() Rec. Facility
	Group Insurance	_____	_____	_____	OTHER:
	Advertising	_____	_____	_____	() _____
	Wages & Salaries	_____	_____	_____	() _____
	Supplies	_____	_____	_____	() Furniture
	Maintenance & Repair	_____	_____	_____	# of Furnished
	Replacement Reserve	_____	_____	_____	Units: _____
Other	_____	_____	_____	Furniture in Units	
	_____	_____	_____	Owned By:	
	_____	_____	_____	() Building Owner	
	_____	_____	_____	() Rental Company	
	_____	_____	_____	() Other	
TOTAL EXPENSES		\$ _____	\$ _____	\$ _____	

PLEASE USE REVERSE SIDE FOR ANY OTHER REMARKS RELATIVE TO THE PROPERTY.

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COMMERCIAL-INDUSTRIAL
APPEAL FROM THE CERTIFIED ASSESSMENT FOR THE TAX YEAR 2004

Record Owner (name) _____
Mailing Address _____
Property Location _____ Municipality _____
Pin Number or Map Number _____
Date Purchased _____ Purchase Price _____
Assessment: Land _____ Improvements _____ TOTAL _____
Opinion of Fair Market Value of Property _____
State Reasons for Filing the Appeal: _____

Property Type: Check and complete the proper classification

____ Commercial ____ Office ____ Industrial ____ Other

Use _____
Gross Square Ft. _____ Square Ft. Rentable Area _____
Owner Occupied _____ Tenant Occupied _____
If Leased :Annual Rent _____ Date Constructed _____
Total Square Ft. _____ Sq.Ft. Plant Area _____
Lease Type: Net _____ Gross _____ Combination _____

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

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.4904, relating to unsworn falsification to authorities. APPELLANT ACKNOWLEDGES HAVING READ “RULES AND REGULATIONS OF THE BOARD” DATED JANUARY 3, 2002. AS AMENDED.

Signed: _____

Date: _____

OWNERS OF RECORD

Phone: _____

(Daytime) _____

You lose your right to appeal for the year if you do not appear at the scheduled Hearing Date given you. The Board of Appeals may act to Raise or Lower Assessments based on the evidence presented before it.

FORMS MUST BE RETURNED BY SEPTEMBER 1, 2003

YOU MUST SUBMIT AN UP TO DATE PHOTO OF YOUR BUILDINGS WITH THIS FORM

ANY ASSESSMENT OVER 75,000 MUST HAVE A CERTIFIED MIA APPRAISAL FILED WITH THE BOARD TWO WEEKS PRIOR TO THE HEARING DATE – NO EXEPTIONS