

BOARD OF ASSESSMENT APPEALS
5TH FLOOR
LACKAWANNA COUNTY COURT HOUSE ANNEX
200 ADAMS AVENUE SCRANTON PA 18503-1607

RESIDENTIAL
APPEAL FROM THE CERTIFIED ASSESSMENT FOR THE TAX YEAR 2004

Record Owner (name) _____

Mailing Address _____

Property Location _____ Municipality _____

Pin Number or Map Number _____

Number of stories _____ Total Rooms _____ Bedrooms _____ Family Room _____ Full Baths _____

Half Baths _____ Basement _____ Garage (cars) _____ Carport _____ Fireplace _____ Central Air _____

Size of Building Sq. Ft _____ Lot Size/Acreage _____ Building and/or Land Use _____

Date Purchased _____ Purchase Price _____

Present Assessment: Land _____ Improvements _____ TOTAL _____

Opinion of Market Value of Property _____ If Property is Rented State Annual Rent _____

State Reasons for Filing the Appeal: _____

Was this Property ever appealed by the current owner? If yes what date _____

List Comparable Properties

<u>Property Owner</u>	<u>Location</u>	<u>Total Assessment</u>	<u>Map or Pin Number</u>

Certificate of Appeal

I/We hereby declare my/our intention to appeal from the assessed valuation of the property described 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. Cs4904, relating to unsworn falsification to authorities. Appellant acknowledges having read "Rules and Regulations of the Board dated January 3, 2002, as amended.

Signed _____ Date: _____
 _____ Phone: _____
 Owners of Record (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

ALL QUESTIONS MUST BE ANSWERED