

**LEHIGH COUNTY COMMERCIAL/INDUSTRIAL ASSESSMENT APPEAL**

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 1<sup>ST</sup>. 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 APPELLANT SHALL FIRST HAVE FILED THE APPEAL AND REQUIRED DOCUMENTS ON OR BEFORE AUGUST 1<sup>ST</sup> AS SET FORTH BY LAW. (\*) includes taxing districts.**

RECORD OWNER(S) NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROPERTY SUBJECT OF APPEAL: \_\_\_\_\_

Number Street City/Boro/Township  
PIN: \_\_\_\_\_ PAR: \_\_\_\_\_ TILE: \_\_\_\_\_

ASSESSMENT APPEALED \_\_\_\_\_ OPINION OF VALUE OF THIS PROPERTY \_\_\_\_\_

DATE PURCHASED \_\_\_\_\_ PURCHASE PRICE \_\_\_\_\_ AMOUNT OF FIRE INSURANCE \_\_\_\_\_

STATE REASONS FOR FILING THIS APPEAL: \_\_\_\_\_

**PROPERTY TYPE: CHECK AND COMPLETE PROPER CLASSIFICATION:**

\_\_\_\_\_ COMMERCIAL: USE \_\_\_\_\_

GROSS SQUARE FT. \_\_\_\_\_ SQUARE FT. RENTABLE AREA \_\_\_\_\_

OWNER OCCUPIED \_\_\_\_\_ TENANT OCCUPIED \_\_\_\_\_

IF LEASED: ANNUAL RENT \_\_\_\_\_ DATE CONSTRUCTED \_\_\_\_\_

\_\_\_\_\_ OFFICE: GROSS SQUARE FT. \_\_\_\_\_ SQUARE FT. RENTABLE AREA \_\_\_\_\_

OWNER OCCUPIED \_\_\_\_\_ TENANT OCCUPIED \_\_\_\_\_

IF LEASED: ANNUAL RENT \_\_\_\_\_ DATE CONSTRUCTED \_\_\_\_\_

\_\_\_\_\_ INDUSTRIAL: GROSS SQUARE FT. \_\_\_\_\_ SQUARE FT. RENTABLE AREA \_\_\_\_\_

OWNER OCCUPIED \_\_\_\_\_ TENANT OCCUPIED \_\_\_\_\_

IF LEASED: ANNUAL RENT \_\_\_\_\_ DATE CONSTRUCTED \_\_\_\_\_

\_\_\_\_\_ OTHER: USE \_\_\_\_\_

GROSS SQ. FT. \_\_\_\_\_ OWNER OCCUPIED \_\_\_\_\_ TENANT OCCUPIED \_\_\_\_\_

IF LEASED: ANNUAL RENT \_\_\_\_\_ DATE CONSTRUCTED \_\_\_\_\_

**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/we 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 NO.: (HOME) \_\_\_\_\_

OWNER(S) OF RECORD (DAY/OFFICE) \_\_\_\_\_

**ALL NOTICES OF PROCEEDINGS WILL BE MAILED TO OWNER(S) OF RECORD AND SUCH OTHER AS**

IDENTIFIED BELOW: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2006-C/I (page 1) \_\_\_\_\_

**GROSS ANNUAL INCOMES FOR 3 PRIOR YEARS**

		<u>20</u>	<u>20</u>	<u>20</u>	
Projected income 100% occupied, include value of rent-free units		\$ _____	\$ _____	\$ _____	
Actual income received	\$ _____	\$ _____	\$ _____	\$ _____	
Vacancy	\$ _____	\$ _____	\$ _____	\$ _____	
Actual other income,	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	
List by type:	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	
	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	
	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	
<b>TOTAL ACTUAL INCOME RCVD.</b>	\$ _____	\$ _____	\$ _____	\$ _____	

**GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS**

GROSS ANNUAL EXPENSES		<u>20</u>	<u>20</u>	<u>20</u>	ITEMS INCLUDED IN RENT
	Real Estate Taxes	\$ _____	\$ _____	\$ _____	( ) Heating
FIXED	Insurance	_____	_____	_____	( ) Air Cond.
EXPENSES	Land Rent	_____	_____	_____	( ) Electricity
	Other	_____	_____	_____	( ) TV Cable
		_____	_____	_____	( ) Water
		_____	_____	_____	( ) Carpet
O	Electricity	\$ _____	\$ _____	\$ _____	( ) Drapes
P	Telephone	_____	_____	_____	( ) Range
E	Gas	_____	_____	_____	( ) Refrigerator
R	Water & Sewer	_____	_____	_____	( ) Dishwasher
A	Trash Removal	_____	_____	_____	( ) Garbage
T	Heating	_____	_____	_____	( ) Disposal
I	Manager's Salary	_____	_____	_____	( ) Parking
O	Fees	_____	_____	_____	( ) Pool
N	Legal/Acctg.	_____	_____	_____	( ) Recreational
	Payroll Taxes	_____	_____	_____	( ) Facility
E	Group Insurance	_____	_____	_____	( ) OTHER:
X	Advertising	_____	_____	_____	( ) _____
P	Wages/Salary	_____	_____	_____	( ) _____
E	Supplies	_____	_____	_____	( ) _____
N	Maint./Repair	_____	_____	_____	( ) _____
S	Replacement Reserve	_____	_____	_____	( ) Furniture
E	Other	_____	_____	_____	# of Furnished
S		_____	_____	_____	Units: _____
		_____	_____	_____	Furniture in Units
		_____	_____	_____	Owned By:
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____	\$ _____	\$ _____	( ) Bldg. Owner
					( ) Rental Co.
					( ) Other

PLEASE USE REVERSE SIDE FOR ANY OTHER REMARKS RELATIVE TO THE PROPERTY  
2006-C/1 (page 2)