

For Office Use Only:  
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\_\_\_\_\_  
\_\_\_\_\_

# Commercial 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. 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, as set forth by law. Annual appeals must be filed by **August 1<sup>st</sup>**. **Your attention is directed to the Franklin County Appeals Rules & Regulations, which are available at [www.franklincountypa.gov](http://www.franklincountypa.gov) or the Franklin County Assessment Office.**

Record Owner(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Site Location of Property Subject to Appeal: \_\_\_\_\_

Number Street Borough/Township

Assessors Tax Map Identification#: \_\_\_\_\_

Assessment \_\_\_\_\_ Opinion of Market Value of this Property \_\_\_\_\_

Date Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

State reasons for filing this appeal: \_\_\_\_\_

**Property type: Check and Complete Proper Classifications:**

Commercial: Use \_\_\_\_\_

Gross Square Feet \_\_\_\_\_ Square Feet of Rentable Area \_\_\_\_\_

Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_

If Leased: Annual Rent \_\_\_\_\_ Date Constructed \_\_\_\_\_

Office: Gross Square Feet \_\_\_\_\_ Square Feet Rentable Area \_\_\_\_\_

Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_

If Leased: Annual Rent \_\_\_\_\_ Date Constructed \_\_\_\_\_

Industrial: Total Square Feet \_\_\_\_\_ Square Feet Rentable Area \_\_\_\_\_

Square Feet Plant Area \_\_\_\_\_ Owner Occupied \_\_\_\_\_

Tenant Occupied \_\_\_\_\_ If Leased: Annual Rent \_\_\_\_\_

Lease Type: Net \_\_\_\_\_ Gross \_\_\_\_\_ Combination \_\_\_\_\_ Date Constructed \_\_\_\_\_

Other: Use \_\_\_\_\_

Gross Square Feet \_\_\_\_\_ 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 the appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4504, relating to unsworn falsification to authorities.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Phone #: (Home) \_\_\_\_\_

Owner(s) of Record

(Day/Office): \_\_\_\_\_

All Notices of these proceedings shall be mailed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**GROSS ANNUAL INCOMES FOR 3 PRIOR YEARS**

	20____	20____	20____
Projected income 100% occupies			
Including value of rent-free units	\$ _____	\$ _____	\$ _____
Actual income received	\$ _____	\$ _____	\$ _____
Vacancy	\$ _____	\$ _____	\$ _____
Actual Other Income			
List by Type:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Total Actual Income Received</b>	\$ _____	\$ _____	\$ _____

**GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS**

				Items included in Rent Please Check Box	
<b>GROSS ANNUAL EXPENSES</b>					
<b>FIXED EXPENSES</b>	Real Estate Taxes	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Heating
	Insurance	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Air Conditioner
	Land Rent	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Electricity
	Other	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> TV Cable
		\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Water
<b>OPERATIONAL EXPENSES</b>	Electricity	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Carpet
	Telephone	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Drapes
	Gas	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Range
	Water & Sewer	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Refrigerator
	Trash Removal	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Dishwasher
	Heating	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Garbage
	Manager's Salary	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Disposal
	Fees	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Parking
	Legal & Accounting	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Pool
	Payroll Taxes	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Rec. Facility
	Group Insurance	\$ _____	\$ _____	\$ _____	
	Advertising	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> OTHER
	Wages & Salaries	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> _____
	Supplies	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> _____
	Maintenance & Repairs	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> _____
	Replace Reserves	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Furniture
Other	\$ _____	\$ _____	\$ _____	# of Furnished	
Other	\$ _____	\$ _____	\$ _____	Units _____	
Other	\$ _____	\$ _____	\$ _____	Furniture in Units	
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____	\$ _____	Owned by:	
				<input type="checkbox"/> Bldg. Owner <input type="checkbox"/> Other	
				<input type="checkbox"/> Rental Company	

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**PLEASE USE ADDITIONAL PAGES FOR ANY OTHER REMARKS RELATIVE TO THE PROPERTY.**

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