

**COMMERCIAL-INDUSTRIAL**  
**LUZERNE COUNTY BOARD OF ASSESSMENT APPEALS**  
**ASSESSOR'S OFFICE, COURTHOUSE, WILKES-BARRE, PA 18711-1001**

**APPEAL FROM THE CERTIFIED ASSESSMENT FOR THE TAX YEAR 20\_\_\_\_\_**

Record Owner (name) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Property Subject of Appeal** \_\_\_\_\_  
Number Street City/Borough/Township

**Tax Map Identification Number** \_\_\_\_\_  
Map Number Block Lot

**Date Purchased** \_\_\_\_\_ **Purchase Price** \_\_\_\_\_ **Amount of Fire Insurance** \_\_\_\_\_

**Deed/Record Book No.** \_\_\_\_\_ **Page No.** \_\_\_\_\_ Please attach copy of Current Deed for Property

**Assessment Appealed:** Land \_\_\_\_\_ Improvements \_\_\_\_\_ Total \_\_\_\_\_ **Opinion of Market Value** \_\_\_\_\_

**State Reasons for Filing the Appeal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The basis for my appeal:** \_\_\_\_\_ **A. Market Value** \_\_\_\_\_ **B. Uniformity** \_\_\_\_\_ **C. Comparability**

**Property Type:** \_\_\_\_\_ **Check and complete the 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:** Total Square Ft. \_\_\_\_\_ Square Ft. Rentable Area \_\_\_\_\_  
Sq. Ft. Plant Area \_\_\_\_\_ Owner Occupied \_\_\_\_\_  
Tenant Occupied \_\_\_\_\_ If Leased: Annual Rent \_\_\_\_\_  
Lease Type: Net \_\_\_\_\_ Gross \_\_\_\_\_ Combination \_\_\_\_\_ Date Construction \_\_\_\_\_

**Other:** Use \_\_\_\_\_  
Gross Square 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”**  
By execution and filing of this notice of appeal I/we consent to the hearing on my tax appeal being held and a decision issued thereon after October 31, 20\_\_\_\_\_ and also that the hearing may be heard by one, two, or three members of the Board of Assessment 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 - 4904, relating to unsworn falsification to authorities. **APPELLANT ACKNOWLEDGES HAVING READ “RULES AND REGULATIONS OF THE BOARD” DATED DECEMBER 3, 1993, AS AMENDED**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Owner(s) of Record** **Phone: (Home)** \_\_\_\_\_  
**(Daytime)** \_\_\_\_\_

All notices of proceedings will be mailed to owner(s) of record and such other as identified below:

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

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

**COMMERCIAL-INDUSTRIAL  
GROSS ANNUAL INCOME 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:	_____ \$ _____	_____ \$ _____	_____ \$ _____
	_____ \$ _____	_____ \$ _____	_____ \$ _____
	_____ \$ _____	_____ \$ _____	_____ \$ _____
	_____ \$ _____	_____ \$ _____	_____ \$ _____
<b>Total Actual Income Received</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS**

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

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

THE BOARD OF APPEALS MAY ACT TO RAISE OR LOWER ASSESSMENTS BASED ON THE EVIDENCE PRESENTED BEFORE IT.