

Indiana County Commercial and Industrial Appeal Form

Appeal Deadline August 1, 20__ For Taxing Year 20__

Name _____ Telephone No. _____

Address _____

Property located in Boro/Township _____ Parcel No. _____

Instructions

1. You must file a separate appeal notice for each tax parcel you wish to appeal. No appeal notice may contain more than one tax parcel number.
2. The appellant shall strike out statements not applicable, complete all applicable statements, and file this statement with the Board of Assessment Appeals.
3. The appeal notice form must be complete. Failure to complete may result in rejection and the loss of your appeal rights.
4. All appeals will be conducted in accordance with the rules and regulations of the Board of Assessment Appeals.
5. Complete parcel numbers are required.
6. You may attach additional relevant data with regard to this appeal. All such data shall become the property of the Board of Assessment Appeals.

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: _____
Total Square Ft. _____ Square Ft. Rentable Area _____
Square Ft. Plant Area _____ Owner Occupied _____
Tenant Occupied _____ If Leased: Annual Rate _____
Lease Type: Net ___ Gross ___ Combination ___ Date constructed _____

_____ OTHER: Use: _____
Gross Square Ft. _____ Owner Occupied _____ Tenant Occupied _____
If Leased: Annual Rent _____ Date Constructed _____

Date Purchased _____ Purchase Price _____ Amount of Fire Insurance _____

State reasons for filing this appeal: _____

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

GROSS ANNUAL INCOMES FOR 3 PRIOR YEARS

	Year_____	Year_____	Year_____
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		Year_____	Year_____	Year_____	ITEMS INCLUDED IN RENT
Fixed EXPENSES	Real Estate	\$_____	\$_____	\$_____	() Heating
	Insurance	_____	_____	_____	() Air Cond.
	Land Rent	_____	_____	_____	() Electricity
	Other	_____	_____	_____	() TV Cable
					() Water
Operation Expenses	Electricity	\$_____	\$_____	\$_____	() Carpet
	Telephone	\$_____	\$_____	\$_____	() Drapes
	Gas	\$_____	\$_____	\$_____	() Range
	Water&Sewer	\$_____	\$_____	\$_____	() Refrig.
	Trash Rem.	\$_____	\$_____	\$_____	() Dishwater
	Heating	\$_____	\$_____	\$_____	() Garbage
	Mgr Fees	\$_____	\$_____	\$_____	() Parking
	Legal&Acctg.	\$_____	\$_____	\$_____	() Pool
	Payroll Taxes	\$_____	\$_____	\$_____	() Rec. Facility
	Group				OTHER:
	Insurance	\$_____	\$_____	\$_____	() _____
	Advertising	\$_____	\$_____	\$_____	() _____
	Salaries	\$_____	\$_____	\$_____	() _____
	Supplies	\$_____	\$_____	\$_____	() _____
	Maintenance	\$_____	\$_____	\$_____	() _____
	Reserves	\$_____	\$_____	\$_____	() Furniture
	Other	\$_____	\$_____	\$_____	() # of furnished
	_____	_____	_____	Units: ____	
	_____	_____	_____	Furniture in	
				Units owned	
TOTAL EXPENSES	\$_____	\$_____	\$_____	By:	
					() Bldg. Owner
Please use reverse side for any other remarks relative to the property.					() Rental Co.
					() Other

CERTIFICATE OF APPEAL

I hereby declare my intention to appeal from the assessed valuation of the real estate described above and I do hereby certify that the foregoing statements made by me in connection herewith are true and correct and that this appeal is made in good faith and in compliance with the provisions of the Act of Assembly pertaining thereto.

Dated this _____ day of _____, 20____
(Signed) _____

Return to: Indiana County Board of Assessment Appeals, 825 Philadelphia St. Indiana, PA 15701

OFFICE USE ONLY

Parcel No. _____ Item No. _____ Hearing Date _____
Hearing Time _____

Assessed Value:	Revised Value:	Final Value:
L- _____	L- _____	L- _____
B- _____	B- _____	B- _____
T- _____	T- _____	T- _____
CLR- _____	CLR- _____	CLR- _____