LUZERNE	MILY RESIDENTIAL/LAN E COUNTY BOARD OI	F ASSESSME	NT APPEALS	1001
	FICE, COURTHOUSE, IE CERTIFIED ASSESSN		,	
			-	
Record Owner (name)				
Mailing Address				
Property Subject of Appeal	Street	City/Borough/Townshi		
Tax Map Identification Number		eng/2010tigli/10 (Hishij	, 	
			Lot	
Number of StoriesTotal R				
Half BathsBasement	-	_	_	
Lot Size/Acreage	Buildi	ing and/or Land U	Jse	
Date Purchased	Purchase Price		_ Amount of Fire I	nsurance
Deed/Record Book No	Page No	Please atta	ach copy of Current	deed for Property
Assessment Appealed: Land	Improvements	Total	Opinion of	Market Value
If Property is Rented State Annual Re	ent			
State Reasons for Filing the Appeal:				
By execution and filing of this notice of issued thereon after October 31, 20				
Assessment Appeal.		ing be neard by 0.	ne, two, or three me	moors of the Dourd of
	Certificat	te of Appeal		
I/We hereby declare my/our intention	to anneal from the assessed s	valuation of the nr	operty described ab	ove and do hereby
verify that the statements made in this	s appeal are true and correct.	I understand that	t false statements he	rein are made subject
to the penalties of 18 Pa. C.S - 4904, re HAVING READ "RULES AND REG				
Signed:		Date		
Owner(s) of Reco		Phone: (Home)		
		(Daytir	ne)	
All notices of proceedings will be mail	ed to owner(s) of record and	such other as iden	tified below:	
Name	·			
Addre	ess:			
THE BOARD OF APPEALS MAY ACT T	O RAISE OR LOWER ASSESS	MENTS BASED ON	THE EVIDENCE PR	ESENTED BEFORE IT.

A		<mark>CIAL-INDUSTRIAL</mark> ARD OF ASSESSMENT AP HOUSE, WILKES-BARRE, 1		
	EAL FROM THE CERTIFIED A		X YEAR 20	
Property Subject of Appe	al Number Street	City/Borough/Township		
Tax Map Identification N	umber Map Number	Block	Lot	
Date Purchased	Purchase Price	Amour	t of Fire Insurance	
Deed/Record Book No	Page No	Please att	ach copy of Current Deed for Property	
Assessment Appealed: I	and Improvements	Total	Opinion of Market Value	
State Reasons for Filing t	he Appeal:			
The basis for my appeal: Property Type: Commercial:		he proper classification.	omparability	
	UseSquare ISquare I			
			cupied tructed	
Office:			Rentable Area cupied	
			tructed	
Industrial:	Total Sauaro Ft	Sauara Ft	. Rentable Area	
Industrial.	Sq. Ft. Plant Area	Owner O	ccupied	
	Tenant Occupied	If Leased: Annual Rent		
	Lease Type: Net	GrossCombinatio	nDate Construction	
Other:	Use			
	Gross Square Ft	_Owner Occupied	Tenant Occupied	
By execution and filing of this	s notice of appeal I/we consent to the h	TS OR COMPLETE THE ATTA tearing on my tax appeal being h	CHED INCOME & EXPENSE FORM"	
statements made in this appea 4904, relating to unsworn fals	ntention to appeal from the assessed v	that false statements herein are n NT ACKNOWLEDGES HAV	ed above and do hereby verify that the nade subject to the penalties of 18 Pa. C.S - VING READ "RULES AND	
Signed:		Date:		
		Phone: (Home)		
Own	er(s) of Record			
All notices of proceedings	will be mailed to owner(s) of reco		ied below:	
_ 0	Name:			

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:	\$ \$		_ \$
	\$ \$		_ \$
	\$ \$		_ \$
	\$ \$		_ \$
Total Actual Income Received	\$ \$		\$

GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS

GROSS ANNUAL	EXPENSES	20	20	20	ITEMS INCLUDED IN RENT
FIXED EXPENSES	Real Estate Taxes Insurance Land Rent Other	\$ 	\$\$	\$\$	() Heating () Air Conditioning () Electricity () TV Cable () Water
OPERATIONAL EXPENSES	Telephone Gas Water & Sewer Trash Removal Heating Manager's Salary Fees Legal & Accounting Payroll Taxes Group Insurance Advertising Wages & Salaries Supplies	 		\$	<pre>() Drapes () Range () Refrigerator () Dishwasher () Garbage Disposal () Parking () Pool () Rec. Facility OTHER: () () () () () () () () () ()</pre>
тот	TAL EXPENSES	\$	\$		() Other

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.

MULTI-FAMILY RESIDENTIAL

			Y BOARD URTHOUS			APPEALS E, PA 18711-1001
APPEAL FI	ROM TH	E CERTIF	TIED ASSES	SSMENT F	OR THE	TAX YEAR 20
Record Owner (name)						
Mailing Address						-
Property Subject of Appeal	Numbe		Street			 ty/Borough/Township
Tax Map Identification Number						_
	Map	Number	Block		Lot	
Date Purchased]	Purchase Pric	e		Amount of]	Fire Insurance
Deed/Record Book No		Page No		Plea	se attach co	py of Current Deed for Property
Assessment Appealed: Land		Improv	ements	To	tal	Opinion of Market Value
State Reasons for Filing the Ap	opeal:					
The basis for my appeal:	_A. Marko	et Value	B. Uniform Unit Inform		Comparabi	lity
Please indicate current ranges	of rent for	all unit types			edroom, etc)	
Type of Unit		Number of	Units		Unfurnis	shed Monthly Rent
					From \$	TO \$
					From \$	<u>TO \$</u>
					From \$ From \$	TO \$ TO \$
					From \$	TO \$
Garage/Carport /Open Parkin	g Spaces				\$	Each per month
If similar units have varying re	ents depend	ling on floor l	evel, directiona	al exposure or	furnished, l	ist the dollar amount or rent variation:
			Mortgage Ir	formation		
	1 st Mort	gage		Aortgage		3 rd Mortgage
Total Amount Financed				- 0 ⁻		
Rate of Financing						
Term of Financing						

<u>"ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED IN HOME & EXPENSE FORM"</u>

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.

MULTI-FAMILY RESIDENTIAL

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:	
	Phone: (Home)	
Owner(s) of Record		
	(Daytime)	-
All notices of proceedings will be mailed to owner(s) of reco	ord and such other as identified below:	

Name:_____

Address:____

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

GROSS ANNUAL INCOME FOR THREE PRIOR YEARS

Projected income 100% occupied Including value of rent free units	20	20	20
Annual income received			
Vacancy			
Actual other income			
List by Type:			
Total			
Total Actual Income Received	\$	\$	\$

GROSS ANNUAL EXPENSES FOR THREE PRIOR YEARS

Items Included In rent

		20	20	20	
Fixed Expenses	Real Estate Tax Insurance				() Heat () Air Conditioning
	Land Rent				() Electricity
	Other				() TV Cable
					() Water
					() Carpet
	Electricity				() Drapes
	Telephone				() Range
	Gas				() Refrigerator
	Water & Sewer				() Dishwasher
	Trash Removal				() Garbage Disp.
	Heating				() Parking
	Manager's Salary				() Pool
	Fees				() Rec. Facility

MULTI-FAMILY RESIDENTIAL

Operational Expenses	Legal & Accounting Payroll Taxes Group Insurance Advertising Wages & Salaries Supplies Maintenance Replacement Reserve Other		OTHER: () () () () Furniture # of Furnished Units Furniture in Units Owned by () Building Owner () Rental Company () Other
	Total Expenses	\$ \$	\$

Please use reverse side for any other remarks relative to the property.