FRANKLIN COUNTY BOARD OF ASSESSMENT & REVISION OF TAXES
2 NORTH MAIN STREET, CHAMBERSBURG, PA 17201 PH 717- 261-3801

For Office Use Only:
_____
_____
_____

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 1st. Your attention is directed to the Franklin County Appeals Rules & Regulations, which are available at 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: _____

(OVER)

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:			
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
Total Actual Income Received	$_____	$_____	$_____

GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS

Items included in Rent
Please Check Box

GROSS ANNUAL EXPENSES

	Real Estate Taxes	$_____	$_____	$_____	☐ Heating
FIXED	Insurance	$_____	$_____	$_____	☐ Air Conditioner
EXPENSES	Land Rent	$_____	$_____	$_____	☐ Electricity
	Other	$_____	$_____	$_____	☐ TV Cable
		$_____	$_____	$_____	☐ Water
	Electricity	$_____	$_____	$_____	☐ Carpet
	Telephone	$_____	$_____	$_____	☐ Drapes
	Gas	$_____	$_____	$_____	☐ Range
	Water & Sewer	$_____	$_____	$_____	☐ Refrigerator
	Trash Removal	$_____	$_____	$_____	☐ Dishwasher
	Heating	$_____	$_____	$_____	☐ Garbage
	Manager's Salary	$_____	$_____	$_____	☐ Disposal
OPERATIONAL	Fees	$_____	$_____	$_____	☐ Parking
EXPENSES	Legal & Accounting	$_____	$_____	$_____	☐ Pool
	Payroll Taxes	$_____	$_____	$_____	☐ Rec. Facility
	Group Insurance	$_____	$_____	$_____	
	Advertising	$_____	$_____	$_____	☐ OTHER
	Wages & Salaries	$_____	$_____	$_____	☐ _____
	Supplies	$_____	$_____	$_____	☐ _____
	Maintenance& Repairs	$_____	$_____	$_____	☐ _____
	Replace Reserves	$_____	$_____	$_____	☐ Furniture
	Other	$_____	$_____	$_____	# of Furnished
	Other	$_____	$_____	$_____	Units _____
	Other	$_____	$_____	$_____	Furniture in Units
	TOTAL EXPENSES	**$_____**	**$_____**	**$_____**	Owned by:

☐Bldg. Owner ☐Other
☐Rental Company

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