

**COMMERCIALAND INDUSTRIAL  
NOTICE OF INTENTION OF APPEAL  
COUNTY OF CHESTER, PA.**

CK # \_\_\_\_\_

AN "ANNUAL APPEAL" MAY ONLY BE FILED FROM MAY 1 THROUGH THE FIRST BUSINESS DAY IN SEPTEMBER OF EACH YEAR.

AN "INTERIM APPEAL" MUST BE FILED WITHIN 40 DAYS OF THE MAILING DATE STATED ON THE "TAX ASSESSMENT CHANGE NOTICE".

Last day to appeal \_\_\_\_\_

**REMIT TO: BOARD OF ASSESSMENT APPEALS, 121 N. WALNUT ST., SUITE 200, P.O. BOX 2748,  
WEST CHESTER, PA 19380-0991 (610) 344-6105**

Parcel Number: \_\_\_\_\_  
(As It Appears On Tax Assessment Change Notice Or Real Estate Tax Bill)

Owner's Name: \_\_\_\_\_

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

Property Location: (Municipality) \_\_\_\_\_

\_\_\_\_\_ COMMERCIAL Use: \_\_\_\_\_ Year (s) Built: \_\_\_\_\_

Gross Sq. Ft.: \_\_\_\_\_ Sq. Ft. Rentable Area \_\_\_\_\_ Owner Occupied: \_\_\_\_\_

Tenant Occupied: \_\_\_\_\_ If Leased: Annual Rent If 100% Occupied: \_\_\_\_\_

**ATTACH LAST 3 YEARS INCOME AND EXPENSE STATEMENTS**

\_\_\_\_\_ INDUSTRIAL Year(s) Built: \_\_\_\_\_ Sq. Ft. Office Area: \_\_\_\_\_

Sq. Ft Plant Area.: \_\_\_\_\_ Total Sq. Ft.: \_\_\_\_\_

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

If Leased: Annual Rent: \_\_\_\_\_ Lease Type Net: \_\_\_\_\_ Gross: \_\_\_\_\_ Combination: \_\_\_\_\_

\_\_\_\_\_ APARTMENTS: Year(s) Built: \_\_\_\_\_ No. Of Units: \_\_\_\_\_ 100% Gross Annual Rent: \_\_\_\_\_

**ATTACH LAST 3 YEARS INCOME AND EXPENSE STATEMENTS**

\_\_\_\_\_ OFFICE BUILDING: Year(s) Built: \_\_\_\_\_ Gross Sq. Ft. : \_\_\_\_\_ Sq.Ft. Rentable Area: \_\_\_\_\_

Owner Occupied: \_\_\_\_\_ Tenant Occupied: \_\_\_\_\_ If Leased: 100% Gross Annual Rent: \_\_\_\_\_

**ATTACH LAST 3 YEARS INCOME AND EXPENSE STATEMENTS**

\_\_\_\_\_ OTHER: Year(s) Built: \_\_\_\_\_ Use : \_\_\_\_\_

Gross Sq. Ft.: \_\_\_\_\_ Owner Occupied: \_\_\_\_\_ Tenant Occupied: \_\_\_\_\_

If Leased: 100% Gross Annual Rent: \_\_\_\_\_

**ATTACH LAST 3 YEARS INCOME AND EXPENSE STATEMENTS**

Lot Size Or Acreage: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Additional Improvement Cost: \_\_\_\_\_ Assessment Appealed: \_\_\_\_\_

Owners Opinion Of Market Value: \_\_\_\_\_

Basis For Appeal: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Business Phone No.: ( ) \_\_\_\_\_

I hereby certify that this statement is true and correct to the best of my knowledge and belief and that I/we have read the rules and regulations on the reverse side.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE (ALL CO-OWNERS MUST SIGN)

\_\_\_\_\_  
DATE