

Letter of Information

Parcel #: _____ **Date of Property Visit:** _____ **Data Collector:** _____

This is a generic form. Please complete all portions that apply to your property. For questions contact Lancaster Co. Property Assessment at (717)299-8381. Return within 10 days to 150 N Queen Street, Suite 310, Lancaster, PA 17603. Information will be estimated if not returned.

Owner Name(s): _____ **Phone #:** _____ **Date:** _____

Property Address: _____ **Date of occupancy:** _____ **# Units:** _____

SALE: Sale Date: _____ Purchase Price: _____ Deeded Acres: _____

RESIDENCE: Builder & Model Name: _____ Year Built: _____ # of Stories: _____

Total Square Footage: _____ **Open Ceiling (1st floor to 2nd)** ___ x ___ or SF _____ **# Wood or Gas Fireplaces:** _____

Bedrooms: _____ **# Full Bath:** _____ **# Double Vanities:** _____ **# Half Bath:** _____ **# Additional Rooms:** _____

Baths with Separate Tub & Shower: _____ **# Additional Sinks (laundry, basement, garage, wet bar):** _____

BASEMENT: (circle one) None Partial Full **If Partial:** ___ x ___ **Finished Basement:** ___ x ___ or ___%

GARAGE: (circle one) In Basement Attached Detached **# Cars:** _____ **Finished Area Above:** ___ x ___ **Storage Above?** _____

ATTIC: (circle one) None or pull down stair Floor & Stairs Only Finished **If Finished:** SF: ___ x ___ **Sloped Ceiling?** _____

| | | |
|----------------------------|---|-------|
| HEATING: | ✓ | % |
| None | | _____ |
| Heat Pump | | _____ |
| Forced Hot Air | | _____ |
| Hot Water/Steam Radiators | | _____ |
| Electric Baseboard/Radiant | | _____ |
| Gravity Hot Air | | _____ |
| Ceramic-Electric | | _____ |
| Solar | | _____ |
| COOLING: | ✓ | % |
| None/Window Unit | | _____ |
| Wall Unit | | _____ |
| Central Air | | _____ |
| Mini Split | | _____ |
| FUEL : | ✓ | % |
| Natural Gas | | _____ |
| Propane | | _____ |
| Electric | | _____ |
| Oil | | _____ |
| Solar | | _____ |
| Wood | | _____ |
| Coal | | _____ |
| Other: _____ | | _____ |

UTILITIES: (please circle one for each)

| | | | | |
|-----------------|------|-----------|-----------|--------|
| Water | None | Private | Public | Well |
| Sewer | None | Private | Public | Septic |
| Gas | None | Propane | Public | |
| Electric | None | Available | Hooked Up | |

OTHER INFORMATION:

| | | |
|-----------------|---|-------|
| ROOF: | ✓ | % |
| Asphalt Shingle | | _____ |
| Metal | | _____ |
| Rubber | | _____ |
| Wood Shake | | _____ |
| Slate | | _____ |
| Other: _____ | | _____ |

BUILDING PERMIT FOLLOW UP: _____

Dimension: ___ x ___ or SF _____

Work Complete: yes no **Date:** _____

Dimension: ___ x ___ or SF _____

Work Complete: yes no **Date:** _____

SINGLEWIDE - MANUFACTURED HOUSING: Dimensions: ___ x ___

Make: _____ **Model:** _____ **Serial #:** _____

#Year Built: _____ **#Bedrooms:** _____ **# Full Bath:** _____ **# Double Vanities:** _____

Half Bath: _____ **# Additional Rooms:** _____ **# Wood or Gas Fireplace:** _____

Air Conditioning: (circle one) None or Window Central Air Wall Unit Mini Split

Heating: (circle one) Forced Air Heat Pump Electric Baseboard Floor/Wall Furnace
Hot Water Solar Gravity Furnace

Fuel Type: (circle one) Natural Gas Propane Electric Oil Other: _____

| | | |
|-------------------------|-------------|-------------|
| REMODELING: | Year | Cost |
| Exterior/Roof: | _____ | _____ |
| Heating/Cooling: | _____ | _____ |
| Kitchen/Bath: | _____ | _____ |
| Basement: | _____ | _____ |

ADDITIONAL APPRAISER QUESTION(S):

POOL: Size: ___ x ___ or SF: _____

Material: (circle one) Vinyl Concrete
Fiberglass Other _____

Affix
First Class
Postage

Lancaster County Board of Assessment Appeals
150 North Queen Street, Suite 310
Lancaster, PA 17603

Fold and tape completed form with return address visible