

Manufactured Home - Letter of Information

Office Use Only

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.**

An electronic version of this form can be accessed at LancasterCountyPA.gov/154/Property-Assessment

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

Mailing Address: _____ Property Address: _____

Lot/Pad Number: _____ Date of occupancy: _____ Previous Owner Name(s): _____

SALE: Sale Date: _____ Purchase Price: _____ *Please Include Copy of Title*

Home is New: (circle one) Yes No if no Home moved from: _____

[Home will be moved to: _____ On: _____]

RESIDENCE: Make: _____ Model: _____ Year Built: _____

Serial #: _____ Vin#: _____ Length: _____ x Width: _____

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

Baths with Separate Tub & Shower: _____ # Additional Sinks (laundry, wet bar, etc): _____ # Wood or Gas Fireplaces: _____

Exterior: Vinyl Aluminum Wood Color: _____

Roof: Asphalt Shingle Metal Wood Rubber Shed: ___ x ___

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: _____		

ADDITIONS:			
Deck ___x___	Patio ___x___	Finished Living ___x___	Sunroom ___x___
Covered Porch ___x___	Screen Porch ___x___	Enclosed Porch ___x___	

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

BUILDING PERMIT FOLLOW UP: # _____
Dimension: ___ x ___ or SF _____
Work Complete: _____ Date: _____

Dimension: ___ x ___ or SF _____
Work Complete: _____ Date: _____

UTILITIES:			
Water	Well	Private	Public
Sewer	Septic	Private	Public
Gas	None	Propane	Public
Electric	None	Available	Hooked Up

REMODELING:	Year	Cost
Exterior/Roof:		
Heating/Cooling:		
Kitchen/Bath:		
Other: _____		

OTHER INFORMATION:

For email correspondence please contact: ✓
RankinTA@lancastercountypa.gov <input type="checkbox"/>
MGoodman@lancastercountypa.gov <input type="checkbox"/>
RRocca@lancastercountypa.gov <input type="checkbox"/>
ASplain@lancastercountypa.gov <input type="checkbox"/>
CMcGarrity@lancastercountypa.gov <input type="checkbox"/>
CHess@lancastercountypa.gov <input type="checkbox"/>

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