

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.**

Please return by clicking "Submit" at top right, or email to the appraiser checked at the bottom of your hard copy -- Thank You

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 SqFt _____ **# 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):** _____

Elevator: Yes No **If Yes: # of stops:** _____ **Solar Panels:** Yes No **If Yes: Location:** _____

BASEMENT: None Partial Full **If Partial:** ___ x ___ **Finished Basement:** ___ x ___ or ___%

GARAGE: In Basement Attached Detached **# Cars:** _____ **Finished Area Above:** ___ x ___ **Storage Above:** Yes No

ATTIC: None or pull down stair Floor & Stairs Only Finished **If Finished: SF:** ___ x ___ **Sloped Ceiling:** Yes No

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 choose one for each)			
Water	Well	Private	Public
Sewer	Septic	Private	Public
Gas	None	Propane	Public
Electric	None	Available	Hooked Up

POOL:
Material: (choose one) Vinyl Concrete Fiberglass Other _____
Size: ___ x ___ or SqFt _____

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

BUILDING PERMIT FOLLOW UP:	
Permit # _____	
Dimension: ___ x ___ or SqFt _____	
Work Complete: yes no Date: _____	
Permit # _____	
Dimension: ___ x ___ or SqFt _____	
Work Complete: yes no Date: _____	

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

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

OTHER INFORMATION:

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