

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

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

ATTIC: 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:	✓	%
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:	None or Window	Central Air Wall Unit Mini Split
Heating:	Forced Air Heat Pump	Electric Baseboard Floor/Wall Furnace
	Hot Water Solar	Gravity Furnace
Fuel Type:	Natural Gas Propane	Electric Oil Other: _____

POOL: Size: _____ x _____ or SF: _____
Material: Vinyl Concrete
Fiberglass Other _____

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

ADDITIONAL APPRAISER QUESTION(S):
LOIPropertyAssessment@lancastercountypa.gov

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