



CITY OF PHILADELPHIA

Office of Property Assessment

www.phila.gov/opa

2014 Commercial/Multi-Family Residential Property Assessment First-Level Review Request

SECTION 1: OWNERSHIP

Owner Name 1:

Mailing Address:

Owner Name 2:

Property Address:

Phone: _____

OPA Account Number:

Email: _____

SECTION 2: BASIS FOR FIRST LEVEL REVIEW

Indicate why you believe the valuation you received does not represent the total market value. Financial impact and/or the rate of the value change is **not** sufficient grounds for a review. Requests for first level reviews should be based on at least one of the three categories noted below. Check one or more for your review basis.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | MARKET VALUE: This property is assessed greater or less than its Total Market Value. |
| <input type="checkbox"/> | NON-UNIFORMITY: This property assessment is out of line generally with similar properties. |
| <input type="checkbox"/> | INCORRECT EXEMPTION/ABATEMENT: The exemption/abatement listed for the property is not correct or missing. |

ADDITIONAL DESCRIPTION: _____

SECTION 3: OPINION OF PROPOSED MARKET VALUE

Indicate what you believe the true market value (the value the property would sell for on the open market) should be.

Based on this appeal information, I believe the proper assessment of this property should be:

Land:	Improvement/Building:	TOTAL:
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All information obtained as a result of filing this request for a review will be used to help ensure the accuracy of the assessment to the fullest extent possible for tax year 2014 and future tax years. Such information may support: (a) a decrease in the assessed value, (b) an increase in the assessed value, or (c) no change to the assessed value.

Through my signature below, I affirm that I am the owner or the appointed representative of the owner and that all of the information supplied is true and accurate to the best of my knowledge.

_____ <i>Signature of Owner or Representative</i>		_____ <i>Date</i>	
_____ <i>Representative's Name (Please Print)</i>		_____ <i>Daytime Telephone Number</i>	
_____ <i>Company/Firm</i>		_____ <i>Email Address</i>	
_____ <i>Mailing Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>
_____ <i>Business Privilege Tax Number</i>		Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> U.S. Mail	

****See reverse side for SECTION 4. This section MUST be completed for income-producing properties.**



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SECTION 4: PROPERTY CHARACTERISTICS

If your property is income producing, the income and expense statement below, including property characteristics, must be completed.

For Income-Producing Properties ONLY

Property Use:

- Multi-Family (two or more apartments)
 - Number of 1 Bedrooms _____
 - Number of 2 Bedrooms _____
 - Number of 3 Bedrooms _____
 - Number of 4 Bedrooms _____

Number of Stories _____
(Use .5 for half stories)

Is this a Split Level Dwelling? Yes No

Approximate Age of Building: _____ Years

Central Air Conditioning? Yes No

- Office Space or Store/Retail
 - Square feet of Office _____
 - Square feet of Store/Retail _____

Exterior Condition (check one):

- Wireless Communications Site or Billboard(s)
- Other _____

- New Construction (built in last 10 years)
- New Rehabilitated
- Above Average
- Average
- Below Average
- Vacant (habitable but empty)
- Sealed
- Structurally Compromised (unsafe to enter premises)

Vacancies:

Are any of the units vacant? Yes No

If yes, how many units? _____

If Office or Store/Retail, how many square feet? _____

Garage and Off-Street Parking:

Approximate Building Size in Square Feet _____
(Based on outside perimeter measurement multiplied by number of stories)

- Attached Garage (shares part of any side of the structure)
- Detached Garage (entirely separate from structure)
- Surface Parking Number of Spaces _____

Land Area in Square Feet _____

Income-producing properties must submit income and expense information for the last two years (2011 and 2012) with this form.

Download Income/Expense forms for Hotels, Office Buildings, and Apartment buildings at www.phila.gov/opa.

Please mail this completed form, along with any supporting documentation, to:

Office of Property Assessment
PO Box 51498
Philadelphia, PA 19115

The request for a first-level review **must be submitted by March 31, 2013**. You may submit with this application any additional material to support your appeal. If you are not satisfied with the outcome of the review, you may formally appeal to the Board of Revision of Taxes.

If you have any questions, please contact the Office of Property Assessment at 215-686-9200 or online at www.phila.gov/opa.



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2014 Residential Property Assessment First-Level Review Request

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Mailing Address:

Owner Name 2:

Property Address:

Phone: _____

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SECTION 2: BASIS FOR FIRST LEVEL REVIEW

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- MARKET VALUE:** This property is assessed greater or less than its Total Market Value.
- NON-UNIFORMITY:** This property assessment is out of line generally with similar properties.
- INCORRECT EXEMPTION/ABATEMENT:** The exemption/abatement (not including the Homestead Exemption) listed for the property is not correct or missing.

ADDITIONAL DESCRIPTION: _____

SECTION 3: OPINION OF PROPOSED MARKET VALUE

Indicate what you believe the true market value (the value the property would sell for on the open market) should be.

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<i>Representative's Name (Please Print)</i>	<i>Daytime Telephone Number</i>		
_____	_____		
<i>Company/Firm</i>	<i>Email Address</i>		
_____	_____		
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> U.S. Mail		
<i>Business Privilege Tax Number</i>			

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