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the completed questionnaire in the  
enclosed postage-paid envelope.**



# COMMERCIAL PROPERTY INFORMATION FORM

XX-XXX-XXX

**PARCEL #** \_\_\_\_\_

**OWNER** \_\_\_\_\_

**LOCATION**  
**MUNICIPALITY**  
**PROP CLASS**

**MAILING ADDRESS**  
**CITY STATE ZIPCODE**

NAME OF BUSINESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**MARKET INFORMATION:**

If the property was purchased in the last 5 years, please indicate the date and the sales price \_\_\_\_\_

Please list any improvements or remodeling done in the last 5 years and the cost associated \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APARTMENT INFORMATION**

Please list the number units of each type, and the monthly rent. Please indicate if the utilities are paid by the (L)andlord or (T)enant

BEDROOMS	UNITS	RENT	ELEC	HEAT	WATER	SEWER	GARBAGE
Efficiency							
1 Bedroom							
2 Bedroom							
3 Bedroom							
4 Bedroom							
OTHER							

Please list any other amenities available \_\_\_\_\_

**MOBILE HOME PARKS, CAMPGROUNDS & RIVERLOTS INFORMATION**

Please list the number of spaces available for each type and the rents. Check the utilities/amenities available.

ACCOMODATIONS	SPACES	MONTHLY	DAILY	ELEC	WATER	SEWER	PAVED
SINGLE WIDE SPACES							
DOUBLE WIDE SPACES							
PULL-THROUGHS							
PULL-INS							
PRIMITIVE							
CABINS							

**LEASE INFORMATION**

Please provide information on current leases.

	<u>TENANT</u>	<u>FLOOR</u>	<u>SQUARE FEET</u>	<u>RENT PER MONTH</u>	<u>RENT PER SQ FOOT</u>	<u>LENGTH OF LEASE</u>	<u>RENEWAL OPTIONS</u>
Ex	Smith Jewelry	1 <sup>st</sup>	400	\$300		5 years	3 5yr options
1							
2							
3							
4							
5							
6							
7							
8							

For the tenants listed above, please indicate if the following expenses are paid by (L)andlord or (T)enant:

	<u>TENANT</u>	<u>ELECTRIC</u>	<u>WATER</u>	<u>HEAT</u>	<u>GARBAGE</u>	<u>COMMON AREAS</u>	<u>MAINTENANCE</u>
Ex	Smith Jewelry	L	T	L	T	L	L
1							
2							
3							
4							
5							
6							
7							
8							

**LANDOWNER / OWNER EXPENSE INFORMATION**

Please provide at least 2 years of expenses.

OPERATING EXPENSES							
<u>YEAR</u>	<u>MGMT</u>	<u>LEGAL</u>	<u>ELEC</u>	<u>GAS</u>	<u>WATER</u>	<u>GARBAGE</u>	<u>PHONE</u>
2012							
2011							
2010							
2009							

FIXED EXPENSES			MAINTENANCE				
<u>YEAR</u>	<u>INSURANCE</u>	<u>TAXES</u>	<u>SECURITY</u>	<u>LAWN</u>	<u>SNOW</u>	<u>ROOF</u>	<u>ELEVATOR</u>
2012							
2011							
2010							
2009							

# Lycoming County Reassessment Office

Cassandra M. Tompkins, CPE  
Chief Assessor

33 West Third Street, Fifth Floor  
Williamsport PA 17701

Brooke E. Wright, CPE  
Assistant Chief Assessor

Phone: (570) 320-8100

Email: [reassessment@lyco.org](mailto:reassessment@lyco.org)

Fax: (570) 320-8130

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OWNER

MAILING ADDRESS  
CITY STATE ZIPCODE

Dear Property Owner:

Lycoming County has initiated a reassessment. This is your opportunity to ensure that the Reassessment Office has accurate information pertaining to your property.

Estimates are made of the potential gross annual income that might be expected from rental of the real estate and of rent losses and expenses that might be incurred by the owner. When actual rents and expenses can be obtained, values are more accurate and equitable. In order to determine the most fair and just assessment for your property, we are asking you to provide the income and expense information that pertains to the property.

Please be assured that any information you supply will be strictly confidential. It will not be a matter of public record.

## INSTRUCTIONS:

### OWNER INFORMATION

Please provide the name of the business, the type of business, and a name and daytime phone number of someone who can verify the information if needed.

### MARKET INFORMATION

Please provide any sales or improvement information from the last 5 years.

### APARTMENT INFORMATION

Please provide the number of units by bedroom with the average monthly rent for each unit and who pays the utilities. If there are no apartments, please indicate "N/A".

### MOBILE HOME PARKS, CAMPGROUNDS & RIVERLOTS INFORMATION

Please provide the number of sites for each type of space, the rents and the amenities available. If there are no spaces, please indicate "N/A".

### LEASE INFORMATION

Please provide the lease information for all tenants that occupy the property. . If there is no leased space, please indicate "N/A" or "Owner Occupied".

Please indicate if the utilities / expenses are paid by the landlord or tenant.

### LANDLORD / OWNER EXPENSE INFORMATION

Please provide at least two years expenses, fixed and operating. Please use the most recent years. If this is a recent purchase, please indicate "no expenses available".