

BOARD OF REVISION OF TAXES - VALUE SUMMARY COVER SHEET

OPA Account Number: _____

Address/Location: _____

Effective Date of Value: _____ Appraiser or Evaluator
Submitted by: _____

INDICATIONS OF VALUE:

Sales Comparison	\$	/ \$	sf	- see page #
Income Capitalization	\$	/ \$	sf	- see page #
Cost	\$	/ \$	sf	- see page #

PRIMARY APPROACH TO VALUE: _____

RECONCILED/FINAL VALUE: \$ _____ / \$ _____ sf _____

OFFICE OF PROPERTY ASSESSMENT (OPA) CERTIFIED ASSESSED VALUE:

Total Assessed Value	\$	/ \$	sf
Land Assessed Value	\$	/ \$	sf
Improved Assessed Value	\$	/ \$	sf

Effective Gross Income: _____

Total Operating Expense: _____

Net Operating Income: _____

Capitalization Rate (loaded): _____

DIFFERENCE: 2020 OPA Assessed Value less Opinion of Value = \$ _____

ABATEMENT: No Yes

LAND VALUE INCREASE ONLY? No Yes

Use of Property:

<input type="checkbox"/> Office	<input type="checkbox"/> Apartments	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial	<input type="checkbox"/> Hotel	<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Other

Highest and Best Use: _____

Site/Land Area: sq. ft. or acre(s) _____

Gross Building Area: sq. ft. _____

Rentable Area: sq. ft. _____

Zoning: _____

**** REMINDER ** Restricted Use Appraisals are not permitted**