

In addition to the Grievance Form RP-524, the Board of Assessment Review requests that this form be completed for all residential properties.

Owner's Name:
Property Address:
Section/Block/Lot:

Please check the appropriate boxes indicating which rooms (and how many) are located on each level.

ROOMS	Foyer	Living	Dining	Kitchen	Den	Family Rm.	Rec. Rm.	Bedrooms	# Full Baths	# Half Baths
Basement										
Level 1										
Level 2										
Level 3										

If there have been any additions constructed or renovations done in the last ten years, please provide details below.

Kitchen	
Bathrooms	
Basement	
Deck, Patio, etc.	
Other Improvements	

Describe any conditions which adversely affect the value of your property. (busy street, steep slope, etc.)