

APPLICATION FOR APPEAL OF PROPERTY ASSESSMENT

For appeals to the tax assessor, this form must be filed with the local office of tax assessment within (90) days from the date the first tax payment is due. For appeals to the local tax board of review, this form must be filed with the local tax board of review not more than thirty (30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) days period.

NOTE: Inability to pay is not a valid reason for filing an appeal of assessed valuation.

1. TAXPAYER INFORMATION:

A. Name(s) of Assessed Owner: _____

B. Name(s) and Status of Applicant (if other than Assessed Owner) _____

_____ Subsequent Owner (Acquired Title after December 31 on _____ 20____)

_____ Administrator/Executor, _____ Lessee, _____ Mortgagee, _____ Other: Specify _____

C. Mailing Address and Telephone Number: _____ () _____
Address Telephone Number

D. Previous Assessed Value _____ E. New Assessed Value _____

2. PROPERTY IDENTIFICATION: Complete using information as it appears on tax bill.

A. Tax Bill Account No: _____ Assessed Valuation _____ Annual Tax _____

B. Location: _____ Description: _____

No. Street and Zip

Real State Parcel Identification: Map _____ Parcel _____ Type _____

Tangible Personal Identification _____

C. Date Property Acquired: _____ Purchase Price: _____ Total Cost Improvements _____

Have you filed a true and exact account this year with the Town Assessor as required by law: _____
Yes No

What is the amount of Fire Insurance on Building: \$ _____

3. REASON FOR APPEAL SOUGHT: Check reason(s) Appeal is warranted and briefly explain why it applies.

Continue explanation on Attachment if necessary.

_____ Overvaluation.

_____ Incorrect Usage Classification.

_____ Disproportionate Assessment.

_____ Other: Specify _____

Applicant's Opinion of Value \$ _____

Fair Market Value

Class

Assessed Value

Describe any improvements made during the last five years and cost:

Comparable Properties that support your Claim:

Address Sale Price Sale Date Property Type Assessed Value

4. SIGNATURES

(Name of Preparer)

Address

Telephone Number

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. TO AVOID THE ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX MUST BE PAID AS ASSESSED.

TAXPAYER INFORMATION ABOUT APPEAL PROCEDURE

A. WHO MAY FILE AN APPLICATION?

YOU MAY FILE AN APPLICATION IF YOU ARE:

1. ASSESSED OWNER OR SUBSEQUENT (ACQUIRING TITLE AFTER DECEMBER 31) OWNER OF THE PROPERTY.
2. THE OWNER'S ADMINISTRATOR OR EXECTOR.
3. A TENANT PAYING RENT WHO IS OBLIGATED TO PAY MORE THAN ONE-HALF OF THE PROPERTY TAX.
4. A PERSON OWNING OR HAVING AN INTEREST IN OR POSSESSION OF THE PROPERTY.
5. A MORTGAGEE IF THE ASSESSED OWNER HAS NOT APPLIED.

PROPERTY TAXES MUST BE CURRENT DURING FILING PROCESS. THE OWNER, OR A MEMBER OF HIS FAMILY WITH WRITTEN AUTHORITY, IN THE EVENT THE OWNER CANNOT ATTEND, OR AN ATTORNEY REPRESENTING THE OWNER, MAY BE PRESENT AT THE HEARING. IF SIGNED BY AN AGENT ATTACH A COPY OF WRITTEN AUTHORIZATION TO SIGN ON BEHALF OF TAXPAYER.

B. WHEN AND WHERE APPLICATION MUST BE FILED.

YOUR APPLICATION MUST BE FILED WITH THE ASSESSOR'S OFFICE ON OR BEFORE SEPTEMBER 30TH. APPLICATIONS FILED FOR OMITTED, REVISED OR REASSESSED TAXES MUST BE FILED WITHIN 90 DAYS OF THE DATE THAT THE SUPPLEMENTAL BILL WAS MAILED.

C. PAYMENT OF TAX.

TO AVOID ANY LOSS OF RIGHTS OR ADDITIONAL CHARGES, YOU MUST PAY THE TAX AS ASSESSED. IF ABATEMENT IS GRANTED AND YOU HAVE ALREADY PAID THE ENTIRE YEAR'S TAX, YOU WILL RECEIVE A REFUND OF AN OVERPAYMENT.

THESE DEADLINES CANNOT BE EXTENDED OR WAIVED BY THE ASSESSOR FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN APPEAL AND THE ASSESSOR CANNOT BY LAW GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSOR.

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

DATE RECEIVED: _____

REQUEST FOR HEARING BEFORE BOARD OR ASSESSMENT REVIEW: _____ YES _____ NO

HEARING DATE: MONTH _____ DAY _____ YEAR _____

DISPOSITION: _____

ASSESSOR _____

DATE _____