

APPLICATION FOR APPEAL OF PROPERTY VALUE MULTIFAMILY. R.E.

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 No. _____ () _____
_____ Address _____ Tel. No. _____

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 _____

B. Location: _____ Description: _____
No. Street Zip Code
Real State Parcel Identification:-Plat _____ Parcel _____ Condo _____ Type of Property _____
Tangible Personal Identification: _____

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

PLEASE ATTACH AN INCOME AND EXPENSE STATEMENT FOR THE PROPERTY.

Have you filed a true and exact account this year with the City Assessor as required by law: (R.I.G.L 44-5-15) _____
Y/N

What is the amount of Fire Insurance on Building: _____

3. **REASON FOR ABATEMENT SOUGHT:** Check reason(s) abatement 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 Assessed Value

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

Comparable Properties that support your claim:

Address	Sales Price	Sales Date	Property Type	Assessed Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. SIGNATURES: _____

(Name of Preparer, if other than the owner) Address Tel. No.

5. DATE SIGNED: _____

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 SHOULD BE PAID AS ASSESSED.

TAXPAYER INFORMATION ABOUT THE APPEAL PROCEDURE

A. WHO MAY FILE AN APPLICATION?

YOU MAY FILE AN APPLICATION IF YOU ARE: 1) THE ASSESSED OR SUBSEQUENT OWNER (ACQUIRING TITLE AFTER DECEMBER 31), OF THE PROPERTY, 2) THE OWNER'S ADMINISTRATOR OR EXECUTOR, 3) A TENANT PAYING RENT WHO IS OBLIGATED TO PAY ONE-HALF OF THE 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. IN SOME CASES, YOU MUST PAY ALL OR A PORTION OF THE TAX BEFORE YOU CAN FILE. IN THE EVENT THE OWNER CANNOT ATTEND, OR AN ATTORNEY REPRESENTING THE OWNER, MAY BE PRESENT AT THE HEARING. IF AN AGENT SIGNS THE APPLICATION, ATTACH A COPY OF WRITTEN AUTHORIZATION, TO SIGN ON BEHALF OF THE TAXPAYER.

B. WHEN AND WHERE AN APPLICATION MUST BE FILED?

YOUR APPLICATION MUST BE FILED WITH THE LOCAL OFFICE OF TAX ASSESSMENT WITHIN NINETY (90) DAYS FROM THE DATE THE FIRST TAX PAYMENT IS DUE.

C. PAYMENT OF TAX.

TO AVOID ANY LOSS OF RIGHTS OR ADDITIONAL CHARGES, YOU SHOULD PAY THE TAX AS ASSESSED. IF AN ABATEMENT IS GRANTED AND YOU HAVE ALREADY PAID THE ENTIRE YEAR'S TAX AS ABATED, YOU WILL RECEIVE A REFUND OF ANY 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 ABATEMENT AND THE ASSESSOR BY LAW CANNOT GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSOR. (R.I.G.L 44-5-26)

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

DATE RECEIVED _____

REQUEST FOR HEARING BEFORE BOARD OF ASSESSMENT REVIEW:

YES _____ NO _____

HEARING DATE: _____

DISPOSITION: _____

CHAIRMAN OF THE BOARD _____

DATE: _____