

**APPLICATION FOR APPEAL OF PROPERTY VALUE TANGIBLE 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 \_\_\_\_\_

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.**