

PART TWO: INFORMATION NECESSARY TO DETERMINE VALUE OF PROPERTY
(If additional explanation or documentation is necessary, please attach)

Information to support the value of property claimed in Part One, item 7 (complete one or more):

- 1. Purchase price of property: \$ _____
 - a. Date of purchase: _____
 - b. Terms Cash Contract Other (explain) _____
 - c. Relationship between seller and purchaser (parent-child, in-laws, siblings, etc.): _____
 - d. Personal property, if any, included in purchase price (furniture, livestock, etc.; attach list and sales tax receipt): _____

- 2. Property has been recently offered for sale (attach copy of listing agreement, if any):
 When and for how long: _____
 How offered: _____ Asking price: \$ _____

- 3. Property has been recently appraised (attach copy): When: _____ By Whom: _____
 Purpose of appraisal: _____ Appraised value: \$ _____

- 4. Description of any buildings or improvements located on the property, including year of construction and present condition:

- 5. Buildings have been recently remodeled, constructed or additional improvements made:
 Cost \$ _____
 Date Started: _____ Date Completed: _____
 Complainant should submit construction cost details where available.

- 6. Property is income producing (e.g., leased or rented), commercial or industrial property and the complainant is prepared to present detailed information about the property including rental income, operating expenses, sales volume and income statements.

- 7. Additional supporting documentation (check if attached).

PART FOUR: DESIGNATION OF REPRESENTATIVE TO MAKE COMPLAINT

I, _____, as complainant (or officer thereof) hereby designate _____ to act as my representative in any and all proceedings before the board of assessment review of the city/town/village/county of _____ for purposes of reviewing the assessment of my real property as it appears on the _____ (year) tentative assessment roll of such assessing unit.

Date

Signature of owner (or officer thereof)

PART FIVE: CERTIFICATION

I certify that all statements made on this application are true and correct to be best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Date

Signature of owner (or representative)

PART SIX: STIPULATION

The complainant (or complainant's representative) and assessor (or assessor designated by a majority of the board of assessors) whose signatures appear below stipulate that the following assessed value is to be applied to the above described property on the _____ (year) assessment roll: Land \$ _____ Total \$ _____
(Check box if stipulation approves exemption indicated in Part Three, section B.2. or C.1.)

Complainant or representative

Assessor

Date

SPACE BELOW FOR USE OF BOARD OF ASSESSMENT REVIEW

- | | | | |
|--|--|--|--|
| | | Disposition | |
| <input type="checkbox"/> Unequal assessment | | <input type="checkbox"/> Excessive assessment | |
| <input type="checkbox"/> Unlawful assessment | | <input type="checkbox"/> Misclassification | |
| <input type="checkbox"/> Ratification of stipulated assessment | | <input type="checkbox"/> No change in assessment | |

Reason: _____

Vote on Complaint

- | | | | | |
|---|-------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> All concur | | <input type="checkbox"/> against | <input type="checkbox"/> abstain | <input type="checkbox"/> absent |
| <input type="checkbox"/> All concur except: _____ | | <input type="checkbox"/> against | <input type="checkbox"/> abstain | <input type="checkbox"/> absent |
| | Name | | | |
| | _____ | <input type="checkbox"/> against | <input type="checkbox"/> abstain | <input type="checkbox"/> absent |
| | Name | | | |

	<u>Tentative assessment</u>	<u>Claimed assessment</u>	<u>Decision by</u> <u>Board of Assessment Review</u>
Total assessment	\$ _____	\$ _____	\$ _____
Transition assessment (if any) ...	\$ _____	\$ _____	\$ _____
Exempt amount	\$ _____	\$ _____	\$ _____
Taxable assessment.....	\$ _____	\$ _____	\$ _____

Class designation and allocation of assessed value (if any):
 Homestead \$ _____ \$ _____ \$ _____
 Non-homestead \$ _____ \$ _____ \$ _____
 Date notification mailed to complainant _____