COMPLAINT ON REAL PROPERTY ASSESSMENT FOR

BEFORE THE BOARD OF ASSESSMENT REVIEW FOR ____________________________
(city, town, village or county)

PART ONE: GENERAL INFORMATION

(General information and instructions for completing this form are contained in form RP-524-Ins)

1. Name and telephone no. of owner(s) ____________________________

2. Mailing address of owner(s) ____________________________

Day No. (___) ____________________________

Evening No. (___) ____________________________

3. Name, address and telephone no. of representative of owner, if representative is filing application.
(if applicable, complete Part Four on page 4.) ____________________________

4. Property location ____________________________

Street address ____________________________

Village (if any) ____________________________

City/Town ____________________________

County ____________________________

School district ____________________________

5. Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot ____________________________

Type of property: Residence _____ Farm _____ Vacant land

Commercial _____ Industrial _____ Other _____

Description: ____________________________

Assessed value appearing on the assessment roll:

6. Land $__________ Total $__________

7. Property owner's estimate of current full market value of property (see Part Two on page 2) $__________
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 THREE: GROUNDS FOR COMPLAINT

A. UNEQUAL ASSESSMENT

The assessment is unequal for the following reason: (check 1 or 2 and complete 3)

1. The assessed value is at a higher percentage of value than the assessed value of other real property on the assessment roll.

2. The assessed value of real property improved by a one, two or three family residence is at a higher percentage of full (market) value than the assessed value of other residential property on the assessment roll or at a higher percentage of full (market) value than the assessed value of all real property on the assessment roll.

3. The complainant believes this property should be assessed at ________% of full value based on one or more of the following:
   a. The latest State equalization rate for the city, town or village in which the property is located is ________%.
   b. The latest residential assessment ratio established for the city, town or village in which the residential property is located. Enter latest residential assessment ratio only if property is improved by a one, two or three family residence ________%.
   c. Statement of the assessor or other local official that property has been assessed at ________%.
   d. Other (explain on attached sheet).

4. Value of property from Part one # 7...$__________

5. Complainant believes the assessment should be reduced to...$__________

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B. EXCESSIVE ASSESSMENT (check one or more)

The assessment is excessive for the following reason(s):

1. The assessed value exceeds the full value of the property.
   Assessed value of property...$__________
   Complainant believes the assessment should be reduced to full value of (Part one # 7)...$__________
   Attach list of parcels upon which complainant relies for objection, if applicable.

2. The taxable assessed value is excessive because of the denial of all or portion of a partial exemption.
   Specify exemption (e.g., senior citizens, veterans, school tax relief [STAR])
   Amount of exemption claimed...$__________
   Amount granted, if any...$__________
   If application for exemption was filed, attach copy of application to this complaint.

3. Improper calculation of transition assessment. (Applicable only in approved assessing unit which has adopted transition assessments.)
   Transition assessment...$__________
   Transition assessment claimed...$__________

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C. UNLAWFUL ASSESSMENT (check one or more)

The assessment is unlawful for the following reason(s):

1. Property is wholly exempt. (Specify exemption (e.g., nonprofit organization))

2. Property is entirely outside the boundaries of the city, town, village, school district or special district in which it is designated as being located.

3. Property has been assessed and entered on the assessment roll by a person or body without the authority to make the entry.

4. Property cannot be identified from description or tax map number on the assessment roll.

5. Property is special franchise property, the assessment of which exceeds the final assessment thereof as determined by the State Board of Real Property Services. (Attach copy of State Board certificate.)

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D. MISCLASSIFICATION (check one)

The property is misclassified for the following reason (relevant only in approved assessing unit which establish homestead and non-homestead tax rates):

1. Class designation on the assessment roll...
   Complainant believes class designation should be...$__________

2. The assessed value is improperly allocated between homestead and non-homestead real property.
   Allocation of assessed value on assessment roll
   | Homestead | $__________ |
   | Non-homestead | $__________ |
   | Claimed allocation | $__________ |
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 the 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
☐ Unequal assessment ☐ Excessive assessment ☐ Unlawful assessment ☐ Misclassification ☐ Ratification of stipulated assessment ☐ No change in assessment

Reason: ____________________________________________

Vote on complaint
☐ All concur ☐ All concur except: ____________________________ ☐ against ☐ abstain ☐ absent

name ____________________________ ☐ against ☐ abstain ☐ absent

name ____________________________ ☐ against ☐ abstain ☐ absent

Tentative assessment Claimed assessment Decision by Board of Assessment Review

$ ____________ $ ____________ $ ____________

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