

Taxpayer Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

IN ORDER TO ASSIST US WITH YOUR ABATEMENT REQUEST, PLEASE COMPLETE THE FOLLOWING:

1. HOUSE STYLE (IE RANCH, CAPE, GARRISON, CONDO, ETC): \_\_\_\_\_

NUMBER OF STORIES: \_\_\_\_\_ NUMBER OF APTS (IF APPLICABLE): \_\_\_\_\_

EXTERIOR: WOOD \_\_\_\_\_ BRICK \_\_\_\_\_ VINYL \_\_\_\_\_ STONE \_\_\_\_\_ OTHER \_\_\_\_\_

AGE OF HOUSE: \_\_\_\_\_

2. NUMBER OF BEDROOMS: \_\_\_\_\_

3. NUMBER OF FULL BATHS (SINK, TOILET, TUB AND/OR SHOWER): \_\_\_\_\_ NUMBER OF HALF BATHS: \_\_\_\_\_

NUMBER OF DOUBLE SINKS: \_\_\_\_\_ ADDITIONAL SINKS (NOT INCLUDING BATHROOM OR KITHCHEN): \_\_\_\_\_

4. DO YOU HAVE A BASEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, HOW MUCH OF BASEMENT IS FINISHED: 100% \_\_\_\_\_ 75% \_\_\_\_\_ 50% \_\_\_\_\_ OTHER \_\_\_\_\_

5. IS THERE A PERMANENT STAIRWAY TO THE ATTIC: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, IS ANY OF THE ATTIC FINISHED LIVING AREA: YES \_\_\_\_\_ NO \_\_\_\_\_

6. NUMBER OF FIREPLACES: \_\_\_\_\_

7. HEAT TYPE: \_\_\_\_\_ CENTRAL AIR: YES: \_\_\_\_\_ NO \_\_\_\_\_

8. GARAGE: YES: \_\_\_\_\_ NO: \_\_\_\_\_ ATTACHED \_\_\_\_\_ DETACHED \_\_\_\_\_ UNDER \_\_\_\_\_ APPROX SIZE \_\_\_\_\_

9. POOL: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES: IN GROUND: \_\_\_\_\_ ABOVE GROUND: \_\_\_\_\_ SIZE: \_\_\_\_\_

10. SHED: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, SIZE: \_\_\_\_\_

11. OTHER BUILDINGS:

12. ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE ABOUT THE PROPERTY:

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Overvaluation claims are based on overvaluation based on sales of similar properties or disproportionate assessment as compared to similar properties. If you feel your property is overvalued, please complete one or both of the grids below:

**OVERVALUATION BASED ON SIMILAR PROPERTIES SOLD IN 2009:**

	1ST SALE	2ND SALE	3RD SALE
<b>BUYER</b>			
<b>SELLER</b>			
<b>LOCATION</b>			
<b>MAP/LOT</b>			
<b>SALE PRICE</b>			
<b>SALE DATE</b>			

**OVERVALUATION BASED ON DISPROPORTIONATE ASSESSMENT:**

	LOCATION	ASSESSED VALUE	OWNER
<b>COMP 1</b>			
<b>COMP 2</b>			
<b>COMP 3</b>			