INFORMATION REQUISITION **DATE SENT**_____

FISCAL YEAR _____ **DATE SUBMITTED** _____

RESIDENTIAL PROPERTY TYPE: _____1 FAMILY _____2 FAMILY _____3 FAMILY _____CONDOMINIUM

ASSESSED OWNER _____

ASSESSED LOCATION _____

MAP_____ LOT_____ BILL NO._____ ASSESSED VALUE_____

****

GENERAL INFORMATION

This information requisition form is issued persuant to the authority of the assessors under M.G.L. Ch. 59, S. 61A.

Complete this form and return it to the Assessors Office, Town Hall,

on or before 30 days after receipt of the form, in order to preserve your rights.

FAILURE TO SUBMIT ALL REQUESTED INFORMATION WITHIN 30 DAYS COULD CAUSE DENIAL OF THE ABATEMENT APPLICATION.

Complete this form by providing all information requested. All information is confidential.

****

OVERVALUATION: Claims are based on 1 of 2 reasons:

A) Based on SALES MARKET ACTIVITIES

B) Based on ASSESSED VALUES OF SIMILAR PROPERTIES

The applicant's opinion of value is $_____ based on:

A) If your claim is based on SALES MARKET ACTIVITIES then fill in the following:

(Use properties with very similar characteristics to your own.)

	MAP / LOT	ADDRESS	DATE OF SALE	PRICE
1)				
2)				
3)				

B) If your claim is based on ASSESSED VALUES OF SIMILAR PROPERTIES then fill in the following:

(use properties with very similar characteristics to your own.)

			ASSESSED VALUES		
	MAP / LOT	ADDRESS	BUILDING	LAND	TOTAL
1)					
2)					
3)					

****

****** YOU MUST COMPLETE ALL FOUR PAGES OF THIS FORM ******

****

INFORMATION REQUISITION **DATE SENT**_____

FISCAL YEAR _____ **DATE SUBMITTED** _____

SALE INFORMATION:

Date purchased: ___/_____/_____ Purchase Price: $ _____ Home [ ] Land Only [ ]

Amount of first mortgage $ _____Amount of second mortgage $ _____

DID YOUR PURCHASE INVOLVE ANY OF THE FOLLOWING CONDITIONS?

	YES	NO	UNKNOWN
Were any non-real estate items included in the sale? LIST	[ ]	[ ]	[ ]
Was your Financing from a non-conventional sourse?	[ ]	[ ]	[ ]
Was the sale a Family Sale or sale of Partial Interest?	[ ]	[ ]	[ ]
Did your purchase involve a Forclosure or Bank Auction?	[ ]	[ ]	[ ]
Was any other property included in your purchase?	[ ]	[ ]	[ ]
Is your property subject to deed restrictions or easements?	[ ]	[ ]	[ ]

Was the interior unfinished and to be completed by the buyer at the time of sale? (Please Explain)

List other considerations that may effect the sale price and overstate or understate the Market Value of the property.

I CERTIFY UNDER PAINS OF PERJURY THAT THE IFORMATION SUPPLIED IN THIS REQUISITION IS TRUE AND CORRECT.

Signature: _____ Date: _____

If signed by a representative of the taxpayer, attach copy of the written authorization to sign on behalf of the taxpayer.

INFORMATION REQUISITIO DATE SENT_____
FISCAL YEAR _____ DATE SUBMITTED _____

PROPERTY CHARACTERISTICS please complete all sections which apply to your abatement application

One Family _____ Two Family _____ Three Family _____ Inlaw Apartment _____

condominium _____ vacant land _____ 4-8 units _____ Mixed use _____
(residential/business)

Latest Updating or Remodeling (year)

_____ Kitchen _____ Bath _____ Insulation _____ Electric _____ Furnace _____

Approximate Living Area: _____ Sq Ft.

# of Rooms _____ Bedrooms _____ Baths (Full) _____ Baths (half)_____

Basement area: Full _____ Partial _____ %Finished _____
crawl space _____ %wet _____ %dry

Yr Built: _____ Construction Costs _____ Insured Amount_____ Contents _____

Heating System:

Oil [ ] Gas [ ] Hot Water [ ] Hot Air [ ] Steam [ ] Gravity [ ] Radiant [ ]

Interior Finish: Plaster [ ] Drywall [ ] Hardwood [ ]____% Softwood [ ]____% Tile [ ]_____%

Interior Condition: Good [ ] Average [ ] Fair [ ]

Comments:

Other Features: Fireplace(s)_____ Central Air [ ] Central Vacuum [ ] Intercom [ ] Alarm System [ ]

Jacuzzi/Hot Tub [ ] Pool: Above Ground [ ] Inground [ ] Sprinkler System [ ]

Garage(s): 1 Car [ ] 2 Car [ ] 3 Car [ ] Attached [ ] Detached [ ] Basement [ ]

Utilities:

Natural Gas [ ]
Propane [ ]
Water: Public [ ] Private [ ]
Sewer: Public [ ] Private [ ]
Street: Public [ ] Private [ ] Paved [ ] Gravel [ ]

CONDOMINIUM (complete only if you are the owner of a condominium)

[ ] Condominium
Total floors of building:_____
Floor on which unit is located:_____
Front [ ] Middle [ ] Rear [ ]
Unit Number:_____
Size of unit: _____ Sq.Ft.
Number of bedrooms in unit:_____
Number of bathrooms in unit:_____
Total number of rooms in unit:_____

CHECK ALL THAT APPLY

Dishwasher	[ ]
Air Conditioning	[ ]
Balcony/Porch	[ ]
Fireplace	[ ]
Swimming Pool	[ ]
Elevator in building	[ ]
Parking Available	[ ]
Deeded Parking	[ ]
Unassigned Parking	[ ]
Enclosed	[ ]
Open Lot	[ ]

RENTAL AND INCOME INFORMATION

A) Number of units _____ Furnished _____ Unfurnished
B) Owner Occupied? YES [ ] NO [ ]

C) RENTAL SCHEDULE FOR INCOME PRODUCING SPACES

UNIT #	Number of rooms	Name of Tenant	current rental rate	yearly income collected
1)				
2)				
3)				

D) AMENITIES INCLUDED IN MONTHLY RENT

- [ ] AIR CONDITIONING
  - [ ] INDIVIDUAL
  - [ ] CENTRAL
- [ ] DISHWASHER
- [ ] ELECTRICITY
- [ ] GARBAGE DISPOSAL
- [ ] GAS
- [ ] HEAT
  - [ ] INDIVIDUAL
  - [ ] CENTRAL
- [ ] HOT WATER
- [ ] LAUNDRY
- [ ] REFRIGERATOR
- [ ] STOVE

E) ANNUAL COST OF SERVICES

WATER & SEWER	$_____
LIGHT & POWER	$_____
HEATING	$_____
INSURANCE	$_____
REPAIRS	$_____
OTHER	$_____
TOTAL COST	$_____

ADDITIONAL INFORMATION

ADD HERE ANY ADDITIONAL INFORMATION FOR THE ASSESSORS TO CONSIDER IN REVIEWING THIS APPLICATION

_____
_____
_____
_____
_____
_____
_____