

TOWN OF CLARKSON

For Assessor's Use:
SBL # _____
Hearing: _____

RESIDENTIAL REVIEW APPLICATION 2009

The following information is important for your informal review. Please fill out the property information below to the best of your ability, and add comparable assessments and/or recent sales you feel support your case on the back of this sheet. All information provided will be considered by the reviewer and becomes the property of the Assessor's Office.

SECTION I

The following information relates to the subject property and can be obtained from the Property Inventory books or from public information available on the Internet.

Please Print

- 1. SECTION, BLOCK & LOT NUMBER
2. PROPERTY TYPE (one family, two family, etc.)
3. PROPERTY ADDRESS
4. NAME OF PROPERTY OWNER
6. NEW PRELIMINARY ASSESSMENT
7. REQUESTED ASSESSMENT
8. WHY?
9. PROPERTY DESCRIPTION:
STYLE OF HOUSE (COLONIAL, OLD STYLE, RANCH, ETC.)
NUMBER OF RESIDENTIAL UNITS 1 2 3 YEAR BUILT?
BUILDING SQUARE FOOTAGE REMODELED?
ROOMS # BEDROOMS # BATHS
FINISHED BSMT? Yes No APPROXIMATE SIZE:
CENTRAL A/C? Yes No FIREPLACE? Yes No Number
PORCHES, POOLS, DECKS, PATIOS, ETC.?
SHEDS / BARNES: Yes No SIZE/AGE/ETC.
10. PRIOR SALES INFORMATION SALE PRICE SALE DATE
11. INVENTORY CORRECTIONS

If any information provided by the Assessor regarding your property appears to be incorrect, or there are needed repairs to the property, please provide support for the change. This can be achieved by providing the following information:

- Property Survey
• Photographs of the Property
• Copy of the sales contract or recent appraisal
• Any additional information to support your claim

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SECTION II

Please Print

A. LIST FOUR COMPARABLE PROPERTIES (recent sales or assessments)

Sale 1. Location _____ S.B.L. _____
Sale Price _____ Sale Date _____
Square Footage _____ Style _____
Condition _____ Additional Features _____
Comments on Sales Comparison _____

Sale 2. Location _____ S.B.L. _____
Sale Price _____ Sale Date _____
Square Footage _____ Style _____
Condition _____ Additional Features _____
Comments on Sales Comparison _____

Sale 3. Location _____ S.B.L. _____
Sale Price _____ Sale Date _____
Square Footage _____ Style _____
Condition _____ Additional Features _____
Comments on Sales Comparison _____

Sale 4. Location _____ S.B.L. _____
Sale Price _____ Sale Date _____
Square Footage _____ Style _____
Condition _____ Additional Features _____
Comments on Sales Comparison _____

Based on the sale of the above properties, I believe that the estimated FULL MARKET VALUE for the subject property is _____.

I certify that all statements made on this application are true and correct to the best of my knowledge and belief. _____

Signature of Owner

Date

NOTE: THIS FORM MUST BE SUBMITTED NO LATER THAN APRIL 15TH IN ORDER TO BE CONSIDERED FOR AN INFORMAL REVIEW (INFORMAL HEARINGS ARE HELD, BY APPOINTMENT, IN MARCH). AFTER APRIL 15TH – YOU MUST SUBMIT FORM RP-524 (COMPLAINT ON REAL PROPERTY ASSESSMENT) THROUGH THE FORMAL GRIEVANCE PROCESS.