

ASSESSORS REVIEW APPEAL LETTER

Appeal must be submitted February 1, 2021 – February 22, 2021

Parcel ID: _____ Property Address: _____

Taxpayer Name: _____

Email Address: _____

Property Type: Please select one

Residential Commercial Industrial

RESIDENTIAL PROPERTY: Please answer all questions

Single Family Condo Multi-Family: Number of Units: _____

Number of Kitchens: _____ Number of Bathrooms: _____

Number of Fireplaces: _____ Basement Finished or Unfinished: _____

Garage (circle one): YES NO If Yes (circle one): Attached Detached

COMMERCIAL/INDUSTRIAL PROPERTY: Please answer all questions

Current Use of Property: _____ Elevators (Circle one): YES NO

Sprinklers (circle one): YES NO Type of Sprinklers: _____ Overhead Crane (Circle one): YES NO

INCOME PROPERTY: Please answer all questions

Currently Occupied (circle one): YES NO Rent Per Month: _____

Utilities included in Rent (check all that apply): Water Gas Electric Other

REASON FOR APPEAL:

Print Name: _____ Phone Number: _____

Signature: _____ Date: _____