

APPLICATION FOR ABATEMENT OF PROPERTY TAX

In accordance with RI General Laws Title 44, Chapter 44-5, Section 44-5-26

For appeals to the tax assessor, this form must be filed with the local office of tax assessment within ninety (90) days from the date the first tax payment is due. For appeals to the local tax board of review, we will forward a form to you which must be filed with the Assessor's Office not more than thirty(30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period. FILING DATES AUG 5TH-NOV 3RD

Date Received

-ONLY ONE PROPERTY PER APPLICATION

*** ADDITIONAL ITEMS CAN NOT BE ADDED ONCE RECEIVED BY THE ASSESSOR'S OFFICE
ITEMS ARE REQUIRED AND MUST BE COMPLETED IN IT'S ENTIRETY~(otherwise it will be returned to you to complete)**

1 TAX PAYER INFORMATION

*A Name(s) of Assessed Owner _____

*B Name(s) and Status of Applicant _____
(*if applicable)

*Subsequent Owner (Acquired Title after December 31, 2020)

DO NOT USE STAPLES

Administrative/Executor Lessee Mortgagee Other (specify) _____

C *Mailing Address _____

*Telephone # _____

D *ASSESSED Value (12/31/2020)\$ _____ (PLEASE SUPPLY A COPY OF YOUR TAX BILL)

2 PROPERTY IDENTIFICATION: Complete using information as it appears on your tax bill. * RESIDENTIAL

A *Tax Bill Account # _____ *PLAT _____ *LOT _____
(tangible accounts can disregard plat & lot info) T
Y COMMERCIAL

B *Location: _____

C Real Estate* Tangible* *Date Property Acquired _____ *Purchase Price \$ _____

* Total Cost of Improvements\$ _____ *Amount of Fire Insurance on the Building? \$ _____

3* REASON(S) ABATEMENT SOUGHT: Check reason(s) abatement is warranted and briefly explain why it applies
(continue explanation on attachment if necessary)

Overvaluation Incorrect Usage Classification *Applicant's Opinion of Value
 Disproportionate Assessment Other (Specify) \$ _____

Explanation _____

4 Have you filed a true and exact account this year with the City Assessor as required by law? ** Yes No
(A complete listing of personal property and real estate owned by you as of December 31, to be filed annually Jan 1-Jan 31)

5* Comparable Properties that support your claim (you may attach additional sheets if necessary).

Address	Sale Price	Sale Date	Property Type	Assessed Value
_____	_____	_____	_____	_____

6* Signature of Applicant(s) _____ Date _____

Signature of Authorized Agent _____ Date _____

EMAIL ADDRESS: _____ @ _____

***This document must be notarized if it is not personally handed in to office staff.**

State of _____ In _____, in said County and State on the _____ day of _____, 20____
County of _____ before me personally appeared _____ to me known and by me to be
the person executing the foregoing instrument and they acknowledged said act to be her free
act and deed, before me,

Notary Public

My Commission expires: _____

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAXES. TO AVOID THE ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED ON THE DUE DATES.

PLEASE READ THESE INSTRUCTIONS IN THEIR ENTIRETY AS THIS FORM HAS BEEN UPDATED FROM PREVIOUS VERSIONS. YOU MUST USE THE NEW FORM FY 2013-OLDER VERSIONS WILL NOT BE ACCEPTED. PLEASE READ THE RULES/GUIDELINES IN REGARDS TO THE HEARING PROCESS AS SOME OF THE RULES HAVE ALSO
Only ONE (1) property per appeal application

1 A. FULL NAME OF TAX PAYER (ASSESSED OWNER)

B. NAME AND STATUS OF APPLICANT-(**IF OTHER THAN ASSESSED OWNER ABOVE**)

C. MAILING ADDRESS-WHERE YOU WOULD LIKE CORRESPONDENCE MAILED TO IN REGARDS TO THIS APPLICATION
(**THIS WOULD ALSO INCLUDE YOUR REPRESENTATIVES ADDRESS IF THEY ARE TO RECEIVE THE MAILINGS**)
TELEPHONE #-VALID PHONE # IN CASE WE NEED TO CONTACT YOU IN REGARDS TO A HEARING CHANGE

D. ASSESSED VALUE (12/31/2020 TAX ASSESSMENT)

2 A. TAX BILL ACCOUNT #-ACCOUNT # ASSIGNED TO YOUR PROPERTY AND IS LOCATED ON YOUR TAX BILL.
REALS ESTATE ACCOUNTS BEGIN WITH "R" TANGIBLE ACCOUNTS BEGIN WITH "T"

PLAT/LOT-CAN BE FOUND ON YOUR TAX BILL.
TYPE: CHOOSE ONE TYPE ONLY PER APPEAL

B. LOCATION-**LEGAL** PROPERTY ADDRESS AS SHOWN ON YOUR TAX BILL

C. CHECK IF THIS A REAL ESTATE ACCOUNT OR A TANGIBLE ACCOUNT
DATE YOU ACQUIRED PROPERTY (**REAL ESTATE ONLY**)
PURCHASE PRICE-THE AMOUNT YOU PAID FOR PROPERTY (**REAL ESTATE ONLY**)
TOTAL COST OF ANY IMPROVEMENTS MADE (**IF APPLICABLE**)
AMOUNT OF FIRE INSURANCE (**REAL ESTATE ONLY**)

3 **CAN NOT USE ANY PROOF THAT OCCURS AFTER 12/31/2020(Date of last Revaluation)**

CHECK THE REASON FOR SEEKING THE ABATEMENT
YOUR OPINION OF VALUE
CHECK REAL ESTATE CLASS-EITHER COMMERCIAL OR RESIDENTIAL
BRIEF EXPLANATION AS TO WHY YOU FEEL YOUR ASSESSMENT IS INCORRECT

** TRUE AND EXACT ACCOUNT-ANSWER YES OR NO. (THE ASSESSOR'S OFFICE HAS ALL T&E RECEIVED ON FILE AND WILL VERIFY))

4

A complete listing of personal property and real estate owned by you as of December 31,-)to be filed annually Jan 1-Jan 31

5 COMPARABLE PROPERTIES THAT YOU THINK SUPPORT YOUR CLAIM (YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY)

6 SIGNATURE OF TAXPAYER-AND DATE SIGNED

SIGNATURE OF AUTHORIZED AGENT-**IF APPLICABLE**

EMAIL ADDRESS OF AUTHORIZED AGENT OR OWNER- USED FOR QUICK COMMUNICATIONS, SUCH AS WEATHER DELAYS.

COMPLETED PACKAGES WILL HAVE ONE (1) ORIGINAL PACKET AND ANY ACCOMPANYING PROOF, ALONG WITH 3 ADDITIONAL COPIES (4 TOTAL) TO THE BOARD OF TAX APPEALS. IF YOU WILL NOT BE ATTENDING THE MEETING, PLEASE MAIL A STATEMENT TO THAT FACT TO THE BOARD OF TAX APPEALS
43 BROADWAY, NEWPORT, RI 02840

It is NOT the job of the Tax Assessor's office to review your documentation to ensure you have completed packages. We review your application for key areas only. We DO NOT make sure you have enough copies, appraisals, if you have supplied enough proof, etc. You CANNOT add to your package once it is received in this office. We are unable to make copies on your behalf.