

DEAR ABATEMENT APPLICANT:

Comm/Indus

In accordance with MGL Ch59, the Board of Assessors requests that you complete this Property Verification Form so that the property record card may be reviewed for any inaccuracies that may affect the value. Under MGL Ch59 S61A, this information must be provided within thirty (30) days.

PROPERTY ADDRESS: _____

1. BUILDING STYLE: _____ (ie; MILL, RETAIL, RESIDENTIAL CONVERSION)
 NUMBER OF STORIES: _____ NUMBER OF APTS.: _____ AGE: _____
 EXTERIOR: WOOD _____ BRICK _____ STONE _____ VINYL _____ ALUM _____ OTHER _____
2. IS THERE A RESIDENCE? (Y/N) _____ IF YES, NUMBER OF UNITS _____
3. HAS THE PROPERTY BEEN REMODELED IN THE LAST 3 YEARS? (Y/N) _____ IF YES, EXPLAIN:

4. HAVE BUILDINGS OR OTHER STRUCTURES BEEN ALTERED, REMOVED, OR ADDED SINCE THE SALE?
 (Y/N) _____ IF YES, EXPLAIN: _____
5. TOTAL NUMBER OF UNITS _____
6. TOTAL NUMBER OF ROOMS (EXCLUDES BATHROOMS): _____
7. NUMBER OF BATHROOMS FULL: _____ HALF: _____ 3/4: _____
8. HEAT: TYPE: (ex; steam, forced air) _____ FUEL(ex; oil, gas) _____ A/C: (Y/N) _____ IF YES
 TYPE: _____
9. DOES THE PROPERTY HAVE A BASEMENT? (Y/N) _____ % DIRT FLOOR _____
10. IS THE BASEMENT FINISHED? (Y/N) _____ IF YES, % FINISHED _____
11. IS THERE A WALK-IN ATTIC? (Y/N) _____ IF YES, % FINISHED: _____
12. OTHER BUILDINGS/STRUCTURES OR FEATURES – IF PRESENT:
 BLDG 1 SIZE: _____ BLDG 2 SIZE: _____ BLDG 3 SIZE: _____ BLDG 4 SIZE: _____
 GARAGE (Y/N): ATTACHED _____ DETACHED _____ UNDER _____ SIZE: _____
 CANOPY: _____ SIZE: _____ SPRINKLER: _____ TYPE: _____
 LOADING DOCK SIZE: _____ ELEVATOR: _____ # OF STOPS: _____
13. DOES YOUR LOT HAVE ANY FACTORS WHICH YOU FEEL AFFECT ITS VALUE? (Y/N) _____ IF YES EXPLAIN
 (WETLANDS, TITLE5/PERC, ETC) AND ENCLOSE A LETTER FROM THE APPROPRIATE CITY DEPARTMENT
 SUPPORTING SUCH CLAIMS _____

14. HAS THE PROPERTY AT ANYTIME SINCE JANUARY 1st, OF THE PREVIOUS YEAR BEEN LISTED FOR SALE WITH A REAL ESTATE BROKER? (Y/N)_____

IF YES, PLEASE STATE THE NAME OF BROKER_____

ASKING PRICE_____, DATE(S) OF LISTING_____

15. HAS A PROFESSIONAL APPRAISAL BEEN PERFORMED ON THE PROPERTY SINCE JANUARY 1st, OF THE PREVIOUS YEAR?
(Y/N)_____ (IF YES, PLEASE ENCLOSE A COPY.)

16. PLEASE STATE THE REASONS WHY YOU FEEL YOUR PROPERTY IS BEING ASSESSED INCORRECTLY.

OVERVALUATION CLAIMS **MUST** BE ACCOMPANIED BY THE COMPLETED SECTION BELOW:

A. MARKET SALES COMPARABLE PROPERTIES – **QUALIFIED SALES for Previous Calendar Year**

	1 st SALE	2 nd SALE	3 rd SALE
BUYER			
SELLER			
LOCATION			
ASSESSORS MAP/LOT			
SALE PRICE			
SALE DATE			
BOOK/PAGE			

B. SIMILAR PROPERTIES COMPARED BY VALUE

LOCATION/ADDRESS	MAP/LOT	ASSESSED VALUE	OWNER

NOTE: ALL QUESTIONS MUST BE ANSWERED AS REQUESTED TO CONSIDER THIS INFORMATION REQUEST COMPLETE.

I, _____ DO SOLEMNLY SWEAR, UNDER OATH AND UNDER PENALTIES OF PERJURY, THAT (please print your full name) THE STATEMENTS CONTAINED HEREIN ARE TRUE.

SIGNATURE

DATE

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

THANK YOU IN ADVANCE FOR YOUR COOPERATION
Office of the Assessor

PLEASE RETURN THE COMPLETED FORM TO:
ASSESSORS' OFFICE
95 PLEASANT ST
GARDNER, MA 01440