



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

COMPLAINT ON REAL PROPERTY ASSESSMENT FOR 20

BEFORE THE BOARD OF ASSESSMENT REVIEW FOR \_\_\_\_\_  
(city, town village or county)

PART ONE: GENERAL INFORMATION

(General information and instructions for completing this form are contained in form RP-524-Ins)

1. Name and telephone no. of owner(s)	2. Mailing Address of owner(s)
_____	_____
_____	_____
Day no. ( )	_____
_____	_____
Evening no. ( )	Email (optional)
_____	_____

3. Name, address and telephone no. of representative of owner, if representative is filing application.  
(if applicable, complete Part Four on page 4.)

\_\_\_\_\_

4. Property location

_____	_____
Street Address	Village (if any)
_____	_____
City/Town	County
_____	_____
_____	
School District	

5. Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

Type of property:      Residence \_\_\_\_\_      Farm \_\_\_\_\_      Vacant land \_\_\_\_\_

   Commercial \_\_\_\_\_      Industrial \_\_\_\_\_      Other \_\_\_\_\_

Description: \_\_\_\_\_

6. Assessed value appearing on the assessment roll:

Land \$ \_\_\_\_\_      Total \$ \_\_\_\_\_

7. Property owner's estimate of market value of property as of valuation date (see instructions)      \$ \_\_\_\_\_

**PART TWO: INFORMATION NECESSARY TO DETERMINE VALUE OF PROPERTY**

(If additional explanation or documentation is necessary, please attach)

Information to support the value of property claimed in Part One, item 7 (complete one or more):

- 1.  Purchase price of property: ..... \$ \_\_\_\_\_  
 a. Date of purchase: \_\_\_\_\_  
 b. Terms  Cash  Contract  Other (explain) \_\_\_\_\_  
 c. Relationship between seller and purchaser (parent-child, in-laws, siblings, etc.): \_\_\_\_\_  
 d. Personal property, if any, included in purchase price (furniture, livestock, etc.; attach list and sales tax receipt): \_\_\_\_\_

- 2.  Property has been recently offered for sale (attach copy of listing agreement, if any):  
 When and for how long: \_\_\_\_\_  
 How offered: \_\_\_\_\_ Asking price: \$ \_\_\_\_\_

- 3.  Property has been recently appraised (attach copy): When: \_\_\_\_\_ By Whom: \_\_\_\_\_  
 Purpose of appraisal: \_\_\_\_\_ Appraised value: \$ \_\_\_\_\_

- 4.  Description of any buildings or improvements located on the property, including year of construction and present condition:  
 \_\_\_\_\_

- 5.  Buildings have been recently remodeled, constructed or additional improvements made:  
 Cost \$ \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Complainant should submit construction cost details where available.

- 6.  Property is income producing (e.g., leased or rented), commercial or industrial property and the complainant is prepared to present detailed information about the property including rental income, operating expenses, sales volume and income statements.

- 7.  Additional supporting documentation (check if attached).



**PART FOUR: DESIGNATION OF REPRESENTATIVE TO MAKE COMPLAINT**

I, \_\_\_\_\_, as complainant (or officer thereof) hereby designate \_\_\_\_\_ to act as my representative in any and all proceedings before the board of assessment review of the city/town/village/county of \_\_\_\_\_ for purposes of reviewing the assessment of my real property as it appears on the \_\_\_\_\_ (year) tentative assessment roll of such assessing unit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner (or officer thereof)

**PART FIVE: CERTIFICATION**

I certify that all statements made on this application are true and correct to be best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner (or representative)

**PART SIX: STIPULATION**

The complainant (or complainant's representative) and assessor (or assessor designated by a majority of the board of assessors) whose signatures appear below stipulate that the following assessed value is to be applied to the above described property on the \_\_\_\_\_ (year) assessment roll: Land \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
(Check box if stipulation approves exemption indicated in Part Three, section B.2. or C.1.)

\_\_\_\_\_  
Complainant or representative

\_\_\_\_\_  
Assessor

\_\_\_\_\_  
Date

**SPACE BELOW FOR USE OF BOARD OF ASSESSMENT REVIEW**

Disposition

- Unequal assessment
- Excessive assessment
- Unlawful assessment
- Misclassification
- Ratification of stipulated assessment
- No change in assessment

Reason: \_\_\_\_\_

**Vote on Complaint**

- All concur
- All concur except: \_\_\_\_\_  against  abstain  absent  
Name
- \_\_\_\_\_  against  abstain  absent  
Name

	<u>Tentative assessment</u>	<u>Claimed assessment</u>	<u>Decision by Board of Assessment Review</u>
Total assessment	\$ _____	\$ _____	\$ _____
Transition assessment (if any) ...	\$ _____	\$ _____	\$ _____
Exempt amount.....	\$ _____	\$ _____	\$ _____
Taxable assessment.....	\$ _____	\$ _____	\$ _____

Class designation and allocation of assessed value (if any):  
 Homestead ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Non-homestead ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Date notification mailed to complainant \_\_\_\_\_