

REQUEST FOR ASSESSMENT REVIEW

Must be filed by November 30th 2016

**ALL INFORMATION IN THIS SECTION MUST BE COMPLETED IN ORDER FOR A REVIEW,
WE WILL NOT REVIEW ANY ASSESSMENTS IF THIS SECTION IS INCOMPLETE OR
SUPPORTING INFORMATION IS NOT PROVIDED.**

GRAND LIST OF OCTOBER 1, 2016

Property Owner's Name: _____

Property Location: _____
Number and Street (unit if applicable)

Your estimate of value: _____

Property Type Circle One: Residential

Reason for request: _____

(Real estate values must be as of October 1, 2015 attach supporting documentation)

Map/Block/Lot (if available): _____

Correspondence should be sent to the following:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of property owner

Date