ASSESSMENT REVIEW FORM

Town of Boonton

(must use 1 form per property)

Owner's Name: _____ Block: _____

Property Address: _____ Lot: _____

Daytime Phone: Qual:

Cell / Alt. Phone: **Date:**

In order to have your assessment reviewed by the Tax Assessor, please supply the following data concerning your property. ***Assessment reviews are only conducted from Oct 1st to Dec 15th****, with any changes being made prior to the filing of the Tax Book by January 10th.* ***You will be notified of the results by mail via the annual postcard*** (usually mailed end of Jan), *or you can contact the office after Jan 10th*st *for the status. If you are not satisfied with the outcome, you can pursue the appropriate venue for appeal by April 1*st *of the tax year in question (file with County Tax Board if assmt is under $1,000,000, or State Tax Court for anything else).* ***No new information will be considered after Dec 1st****.*
A copy of your PROPERTY RECORD CARD can be obtained to assist in your review, just contact the office..
(note: use additional sheets to supplement any of your answers to these questions, or provide attachments as necessary)

SUBJECT SALE / LISTING: Please attach Closing Statement / Contract or Listing Agreement

1. **Deed (or List) Date:** _____ 2. **Contract Date (if sold):** _____
3. **Last List Price:** _____ 4. **Purchase Price:** _____
5. **Mortgage Amt:** _____ 6. **Was this a Short Sale:** _____
7. **Length of time this property was listed on the open market (if known):** _____
8. **Any relationship between buyer & seller:** _____
9. **Any unusual "conditions of sale" (describe):** _____

Nature of perceived assessment inequity > Based on errors on the PRC and local comparisons

10. **Did you review your property record card** ***Yes*** _____ ***No*** _____
11. **Are there known or suspected errors on Property Record Card:** ***Yes*** _____ ***No*** _____
PLEASE EXPLAIN: _____

12. **Comparison of Assmt > out of line with similar properties in the area:** ***Yes*** _____ ***No*** _____
PLEASE EXPLAIN: _____

Market Value out of line > Supplemental data suggests need for assmt change

13. **Appraisal done for financing:** ***Yes*** _____ ***No*** _____ **Value:** _____ **Date:** _____
Appraisal for tax appeal: ***Yes*** _____ ***No*** _____ **Value:** _____ **Date:** _____
Appraisal done by Realtor: ***Yes*** _____ ***No*** _____ **Value:** _____ **Date:** _____

14. **Review conducted of recent sales transactions for similar property:** ***Yes*** _____ ***No*** _____
Market Data*: Please provide as much information as possible for the comparable sales you rely upon*

	Block	Lot	Qual	Property Address	Sale Date	Sale Price	Bldg SF	Style
a)								
b)								
c)								
d)								
e)								

15. Provide any other information you deem relevant and want considered in the valuation of your property. Include copies of appraisals, property surveys (especially if they depict any easements), sales contracts, closing statements, home inspections reports, photos, etc (all attachments welcome). It is in your best interest to provide as much factual "Property Specific" information as possible.

Are you attaching any info: ***Yes*** _____ ***No*** _____ **Describe:** _____

Signature of Applicant: _____ **Phone #:** _____