



# REAL ESTATE

**FORM A1**



## **FIRST APPEAL**

### **APPLICATION FOR ABATEMENT OF PROPERTY TAX**

State of Rhode Island

2009

City of Providence

(A SEPARATE APPLICATION MUST BE FILED FOR EACH PARCEL APPEALED)

#### **AM I ELIGIBLE TO FILE AN APPLICATION?**

You may file an application if you are: (1) the assessed owner of the property or the subsequent owner of the property (acquiring title after December 31<sup>st</sup>); (2) the owner's administrator or executor; (3) a tenant paying rent who is obligated to pay more than one-half of the tax; (4) a person owning the property - or having interest in and/or possession of the property; (5) a mortgagee if the assessed owner has not applied.

NOTE: In some cases, you must pay all or a portion of the tax before you can file. The owner, or a member of his family with written authority, in the event the owner can't attend, or an attorney representing the owner, may be present at the hearing. If signed by an agent attach a copy of written authorization to sign on behalf of the taxpayer.

#### **WHEN AND WHERE MUST THE APPLICATION BE FILED?**

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. **The deadline for the 2009 filing is December 28, 2009** For appeals to the local tax board of review, this form must be filed with the local tax board of review 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 your filing, you MUST file an appeal to the board of review within ninety (90) days after the first forty-five (45) days have elapsed.

**PLEASE NOTE: INABILITY TO PAY IS NOT A VALID REASON FOR FILING AN APPEAL.**

#### **SECTION ONE: TAXPAYER INFORMATION:**

A. Name(s) of Assessed Owner: \_\_\_\_\_

B. Name(s) of Applicant (if other than Assessed Owner): \_\_\_\_\_

Status of Applicant:

\_\_\_ Subsequent Owner (acquired Title After December 31 on \_\_\_\_/\_\_\_\_/\_\_\_\_)

\_\_\_ Administrator/Executor; \_\_\_ Lessee; \_\_\_ Mortgagee; \_\_\_ Other Specify: \_\_\_\_\_

C. Mailing Address: \_\_\_\_\_ Tel. #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

D. Previous Assessed Value: \_\_\_\_\_ E. New Assessed Value: \_\_\_\_\_

#### **SECTION TWO: PROPERTY IDENTIFICATION:**

A. Tax Bill Account No. \_\_\_\_\_ Assessed Valuation (see above: 1E) Annual Tax \_\_\_\_\_

B. Location of Property: \_\_\_\_\_

(Street No.)

(Street)

(Zip)

C. Description of Property: \_\_\_\_\_

D. Real Estate Parcel Identification: Map \_\_\_\_\_ Parcel \_\_\_\_\_ Type (circle one from the list below):  
Single family; multi-family; combination; commercial; industrial; vacant-residential; commercial or industrial

E. Tangible Personal Identification \_\_\_\_\_

F. Date Property Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Total Cost Improvements \_\_\_\_\_

G. Have you filed a true and exact account this year with the City Assessor as required by law? YES / NO

**SEE NEXT PAGE-----**

**SECTION THREE: REASON FOR THE ABATEMENT SOUGHT**

A. Check reason(s) abatement is warranted and briefly explain why it applies. Continue explanation on an attached piece of paper if necessary:

- Overvaluation - \_\_\_\_\_
- Disproportionate Assessment - \_\_\_\_\_
- Incorrect Usage Classification - \_\_\_\_\_
- Other. Specify - \_\_\_\_\_

B. Applicant's OPINION of Value \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Fair Market Value) (Class) (Assessed Value)

C. Describe any improvements made over the last five (5) years and costs:  
\_\_\_\_\_  
\_\_\_\_\_

D. Comparable Properties that support your claim:

Address	Sale Price	Sales Date	Property Type	Assessed Value

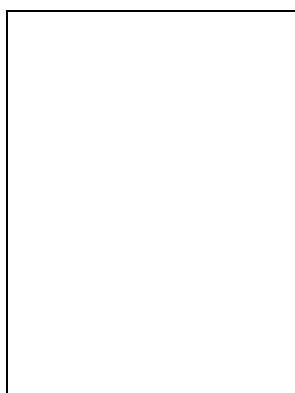
**APPLICATION FOR 2009 First Appeal must be received and stamped by the Assessor's Office or Postmarked on or before December 28, 2009.**

**SIGNATURES**

(Preparer)	Address	Tel. Number
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**DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)**

**TIME STAMP**



**DATE RECEIVED** \_\_\_\_\_

**REQUEST FOR HEARING BEFORE BOARD OF ASSESSMENT REVIEW:**  YES  NO

**HEARING DATE** \_\_\_\_\_

**DISPOSITION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHAIRMAN OF THE BOARD** \_\_\_\_\_

**DATE** \_\_\_\_\_