

OFFICE USE: TAX MAP# _____ 2020 Uniform Percent: 100%

TOWN OF COEYMANS
ASSESSOR'S OFFICE

INFORMAL REVIEW REQUEST OF ASSESSMENT

DATE _____

OWNER'S NAME _____

MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

PROPERTY ADDRESS _____

CURRENT ASSESSMENT \$ _____ ASSESSMENT REQUEST \$ _____

NATURE OF COMPLAINT...EXPLAIN BELOW - **ATTACH PROOF**

NOTICE

**THE RESULTS OF THIS INFORMAL REVIEW WILL BE SENT TO YOU ON OR BEFORE
THE TENTATIVE ASSESSMENT ROLL - MAY 1, 2020**

THIS FORM MUST BE RETURNED BY 4/1/2020

SIGNATURE OF OWNER

ACTION TAKEN/RECOMMENDATION BY ASSESSOR:

 APPRAISAL SALE CONTRACT CONSTRUCTION EST. OTHER:

Action Recommendation +/- Change Land _____ Total _____

DECISION: NC/+/- _____ FINAL VALUE LAND _____ TOTAL _____

REVIEWED BY _____ DATE _____

