Town of Genoa

ASSESSMENT REVIEW APPLICATION

The following information is essential for your informal assessment review. Please fill out the property information below to the best of your ability and add comparable recent sales you believe support your case. The information provided will be considered by the Assessor and becomes the property of the Assessor's Office. Please attached additional documents, photos and comments you wish the Assessor to review and consider.

SECTION 1

The following information is related to the subject property and can be obtained from tax bills or public information available on the Internet.

Please Print

1. Tax Map #_____

2. Property Type (1 family, 2 family) _____

3. Property Address_____

4. Name and Phone # of property owner_____

5. New Preliminary Assessment_____

6. Requested Assessment_____

7. Evidence_____

SECTION 2

List three comparable sale properties:

Sale One

1. Location_____ Tax Map#_____
2. Sale Price_____ Sale Date_____
3. Square footage_____ Style_____
4. Comments_____

Sale Two

1. Location_____ Tax Map#_____
2. Sale Price_____ Sale Date_____
3. Square footage_____ Style_____
4. Comments_____

Sale Three

1. Location_____ Tax Map#_____
2. Sale Price_____ Sale Date_____
3. Square footage_____ Style_____
4. Comments_____

I certify that all statements made on this application are true and correct to the best of my knowledge and belief.

_____

Signature of Property Owner ***Date***