

DEAR ABATEMENT APPLICANT:

Land

In accordance with MGL Ch59, the Board of Assessors requests that you complete this Property Verification Form so that the property record card may be reviewed for any inaccuracies that may affect the value. Under MGL Ch59 S61A, this information must be provided within thirty (30) days.

PROPERTY ADDRESS: \_\_\_\_\_

1. DOES THE PROPERTY HAVE BUILDINGS OR OTHER STRUCTURES (Y/N)\_\_\_\_\_ IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

2. DOES YOUR LOT HAVE ANY FACTORS WHICH YOU FEEL AFFECT ITS VALUE? (Y/N)\_\_\_\_\_ IF YES, (WETLANDS, TITLE5/PERC, ETC), ENCLOSE A LETTER FROM THE APPROPRIATE CITY DEPARTMENT SUPPORTING SUCH CLAIMS \_\_\_\_\_

\_\_\_\_\_

3. HAS THE PROPERTY AT ANYTIME SINCE JANUARY 1st, OF THE PREVIOUS YEAR BEEN LISTED FOR SALE WITH A REAL ESTATE BROKER? (Y/N)\_\_\_\_\_

IF YES, PLEASE STATE THE NAME OF BROKER \_\_\_\_\_

ASKING PRICE \_\_\_\_\_ DATE(S) LISTED \_\_\_\_\_

4. HAS A PROFESSIONAL APPRAISAL BEEN PERFORMED ON THE PROPERTY SINCE JANUARY 1st, OF THE PREVIOUS YEAR? (Y/N)\_\_\_\_\_ (IF YES, PLEASE ENCLOSE A COPY.)

5. PLEASE STATE THE REASONS WHY YOU FEEL YOUR PROPERTY IS BEING ASSESSED IMPROPERLY.

\_\_\_\_\_  
\_\_\_\_\_

OVERVALUATION CLAIMS **MUST** BE ACCOMPANIED BY THE COMPLETED FORM BELOW:

A. MARKET SALES COMPARABLE PROPERTIES – **PREVIOUS YEAR QUALIFYING SALES**

	1 <sup>st</sup> SALE	2 <sup>nd</sup> SALE	3 <sup>rd</sup> SALE
BUYER			
SELLER			
LOCATION			
ASSESSORS MAP/LOT			
SALES PRICE			
SALES DATE			
BOOK/PAGE			

**B. SIMILAR PROPERTIES COMPARED BY VALUE**

LOCATION/ADDRESS	MAP/LOT	ASSESSED VALUE	OWNER

**NOTE: ALL QUESTIONS MUST BE ANSWERED AS REQUESTED TO CONSIDER THIS INFORMATION REQUEST COMPLETE.**

I, \_\_\_\_\_ DO SOLEMNLY SWEAR, UNDER OATH AND UNDER PENALTIES OF PERJURY, THAT (please print your full name) THE STATEMENTS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

**THANK YOU IN ADVANCE FOR YOUR COOPERATION**  
**Office of the Assessor**

**PLEASE RETURN THE COMPLETED FORM TO:**  
**ASSESSORS' OFFICE**  
**95 PLEASANT ST**  
**GARDNER, MA 01440**