



TOWN OF HOPKINTON  
1 TOWN HOUSE ROAD  
HOPKINTON, RHODE ISLAND 02833

**2017 ANNUAL REAL ESTATE TRUE AND EXACT ACCOUNT**

Of all ratable estate owned, or possessed, as of 12/31/2016  
Per Rhode Island General Law 44-5-15

**THIS FORM MUST BE FILED BETWEEN JANUARY 1<sup>ST</sup> 2017 AND JANUARY 31, 2017**

An extension may be requested between January 1<sup>st</sup> and January 31<sup>st</sup>, in which case  
this form must be filed between March 1<sup>st</sup>, 2017 & March 15<sup>th</sup>, 2017

Date of Application: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

**REAL ESTATE** (If more than one parcel is owned or possessed, please explain on additional pages)

Property Location: \_\_\_\_\_

Plat/Lot: \_\_\_\_\_

Account Number: \_\_\_\_\_

2017 Assessed Value: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Building Land

2016 Assessed Value: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Building Land

Insured Amount: \$ \_\_\_\_\_

Fair Market Value: \$ \_\_\_\_\_

Based Upon: Appraisal / Real Estate Broker / Owner's Estimate



If there has been a change in the overall condition of your real estate, please explain below detailing those changes (attach applicable photographs). If there has been a change in usage of your real estate (single family to two family, etc.) please explain below detailing those changes. If there is an error on your property card, please explain below specifying the error and copy, sign and date the field card.

---

---

---

---

---

### APPLICANT'S CERTIFICATION

I certify, under penalty of perjury, that the above listed information is to the best of my knowledge a true and exact account of the ratable real estate owned or possessed by me. Any misrepresentation of these facts may result in a loss of your appeal rights in the Town of Hopkinton, or in Rhode Island Superior Court, should the undersigned so choose to appeal to that level.

Respectfully submitted,

Sign Name Here: \_\_\_\_\_ Co-Owner \_\_\_\_\_

Print Name Here: \_\_\_\_\_ Co-Owner \_\_\_\_\_

Date: \_\_\_\_\_

### NOTARY PUBLIC

State of Rhode Island

County of \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public