

DATE RECEIVED:

**APPLICATION FOR APPEAL OF PROPERTY TAX**

For appeals to the Town Assessor, 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.** For appeals to the local tax board of review, this form must be filed with the local tax board 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 the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period.

**1. TAXPAYER INFORMATION:**

- A. Name(s) of Assessed Owner: \_\_\_\_\_
- B. Name(s) and Status of Applicant (if other than Assessed Owner) \_\_\_\_\_  
 \_\_\_\_\_ Subsequent Owner (acquired title after December 31, 2018) Date \_\_\_\_\_  
 \_\_\_\_\_ Administrator/Executor \_\_\_\_\_ Lessee \_\_\_\_\_ Mortgagee \_\_\_\_\_ Other (specify) \_\_\_\_\_
- C. Mailing Address and Telephone Number:  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Complete Mailing Address with City, State, Zip Code) Phone
- D. Previous Assessed Value \_\_\_\_\_ E. New Assessed Value \_\_\_\_\_

**2. PROPERTY IDENTIFICATION:** Complete using information as it appears on the bill.

- A. Tax Bill Account No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Assessed Valuation \_\_\_\_\_ Annual Tax \_\_\_\_\_
- B. Location: \_\_\_\_\_ Description: \_\_\_\_\_  
 No. Street Zip (Single Family, 2 Family, Commercial, etc.)  
 Real Estate Parcel Identification: Map \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_ Type \_\_\_\_\_  
 Tangible Personal Identification \_\_\_\_\_
- C. Date Prop. Acquired: \_\_\_\_\_ Purchase Price \_\_\_\_\_ Total Cost of Improvements \_\_\_\_\_  
 What is the amount of the fire insurance on the building(s) \_\_\_\_\_  
 How was the property acquired? Foreclosure \_\_\_\_ Private Sale \_\_\_\_ Other (specify) \_\_\_\_\_

**3. REASON(S) FOR REDUCTION SOUGHT:** Check reason(s) reduction is warranted and briefly explain why it applies. Continue explanation on attachment if necessary.

- \_\_\_\_\_ Overvaluation \_\_\_\_\_ Incorrect Usage Classification
- \_\_\_\_\_ Disproportionate Assessment \_\_\_\_\_ Other – Specify: \_\_\_\_\_
- Applicant’s Opinion of Value \$ \_\_\_\_\_
- Prior Revaluation: 12/31/2016 Fair Market Value (as of 12/31/18) Assessed Value (as of 12/31/18)
- Explanation: \_\_\_\_\_

**RI State law 44-5-15 requires you to file a “True and Exact Account” by January 31, 2019 of all taxable property you own. Did you file a “True and Exact Account” by January 31, 2019 with the Hopkinton Tax Assessor as required by law? YES NO**

Comparable properties that support your claim:

	<u>Address</u>	<u>Sale Price</u>	<u>Sale Date</u>	<u>Property Type</u>	<u>Assessed Value</u>
1)	_____	\$ _____	_____	_____	\$ _____
2)	_____	\$ _____	_____	_____	\$ _____
3)	_____	\$ _____	_____	_____	\$ _____

**All pertinent documents, appraisals, surveys, etc. must accompany this application.**

**YOU CANNOT ADD TO YOUR APPEAL ONCE YOU HAVE SUBMITTED YOUR APPLICATION TO THE ASSESSOR’S OFFICE.**

**FOR INCOME PRODUCING PROPERTY ONLY:**

A. If it is rental property, does the owner pay for: (answer yes or no)

Exterior repairs \_\_\_\_ Interior repairs \_\_\_\_ Fuel for heat \_\_\_\_ Hot water \_\_\_\_ Electricity \_\_\_\_ Gas \_\_\_\_  
Water \_\_\_\_ Any other expenses \_\_\_\_\_

B. Gross Annual Rental Per Unit

Unit #1 \$ \_\_\_\_\_ Unit #4 \$ \_\_\_\_\_

Unit #2 \$ \_\_\_\_\_ Unit #5 \$ \_\_\_\_\_

Unit # 3 \$ \_\_\_\_\_ Unit #6 \$ \_\_\_\_\_

C. **Merchants:** Furniture Assessed \$ \_\_\_\_\_ Equipment Assessed \$ \_\_\_\_\_

D. **Manufacturers:** Furniture & Fixtures Assessed \$ \_\_\_\_\_

E. Other Personal Property Assessed \$ \_\_\_\_\_

F. Owner's APPEAL estimate of value \$ \_\_\_\_\_

G. Reason for Appeal \_\_\_\_\_

H. Did you file a "Declaration to Tax Assessor" prior to January 31<sup>st</sup>? Yes \_\_\_\_ No \_\_\_\_

**Owner's Oath**

I do solemnly swear that I am the owner, or duly authorized agent of the owner of the above described property, and that all answers and all statements contained in this application to the Tax Assessment Board of Review for a review of the assessed valuation of my property on this year's Grand List, are true to the best of my knowledge and belief.

**4. SIGNATURES:**

\_\_\_\_\_  
Signature of Applicant                      Date                      Signature of Authorized Agent                      Date

\_\_\_\_\_  
Name of Preparer                      Address                      Tel. No.

**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

**REASONS FOR AN APPEAL:** It is the intent of the general assembly to ensure that all taxpayers in Rhode Island are treated equitably. Ensuring that taxpayers are treated fairly begins where cities and towns meet defined standards related to performing property values. All properties should be assessed in a uniform manner, and properties of equal value should be assessed the same.

**TO DISPUTE YOUR VALUATION OR ASSESSMENT OR CORRECT ANY OTHER BILLING PROBLEM OR ERROR THAT CAUSED YOUR TAX BILL TO BE HIGHER THAN IT SHOULD BE, YOU MUST APPEAL WITHIN NINETY (90) DAYS FROM THE DATE THE FIRST TAX PAYMENT IS DUE.**

You may appeal your assessment if your property is: (1) **OVERVALUED** (assessed value is more than the fair market value as of December 31 in the year of the last update or revaluation for real estate and as of December 31, 2016 of the tax year for personal estate for any reason, including clerical and data processing errors; (2) disproportionately assessed in comparison with other properties; (3) classified incorrectly as residential, commercial, industrial or open space, farm or forest; (4) illegal tax partially or fully exempt; (5) modified from its condition from the time of the last update or revaluation.

**WHO MAY FILE AN APPLICATION:** You may file an application if you are (1) the assessed or subsequent (acquiring title after December 31) owner of the property; (2) the owner's administrator or executor; (3) a tenant or group of tenants of real estate paying rent therefrom, and under obligations to pay more than one-half ( 1/2) of the taxes thereon; (4) a person owning or having an interest in or possession of the property; or (5) a mortgagee if the assessed owner has not applied. In some cases, you must pay all or a portion of the tax before you can file.

**WHEN AND WHERE APPLICATION MUST BE FILED:** Your application must be filed with the local office of tax assessment within NINETY (90) days from the date the first tax payment is due. **THESE DEADLINES CANNOT BE EXTENDED OR WAIVED BY THE ASSESSOR FOR ANY REASON. IF YOUR APPLICATION IS NOT FILED ON TIME, YOU LOSE ALL RIGHTS TO AN ABATEMENT AND THE ASSESSOR CANNOT BY LAW GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSOR'S OFFICE.**

**PAYMENT OF TAX:** Filing an application does not stay the collection of your taxes. You must pay the tax when due to appeal the assessor's disposition of your application. Failure to pay the tax assessed when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an abatement is granted and you have already paid the entire year's tax as abated, you will receive a refund of any overpayment.

**FILING AN ACCOUNT:** Rhode Island General Laws Section 44-5-15 requires the annual filing of a true and exact account of all ratable estate owned or possessed by every person and corporate body. The time to file is between December 31, and January 31, of intention to submit declaration by March 15. Failure to file a true and full account, within the prescribed time, eliminates the right to appeal to the superior court, subject to the exceptions provided in Rhode Island General Laws Section 44-5-26(b). No amended returns will be accepted after March 15th. Such notice of your intention must be sent by certified mail, postage prepaid, postmark no later than 12 o'clock midnight of the last day, January 31. No extensions beyond March 15th can be granted. The form for filing such account may be obtained from the city or town assessor.

**ASSESSOR'S DISPOSITION:** Upon applying for a reduction in assessment, you may be asked to provide the assessor with further written information about the property and to permit them to inspect it. Failure to provide the information or permit an inspection within thirty (30) days of the request may result in the loss of your appeal rights.

**APPEAL:** The assessor shall have forty-five (45) days to review the appeal, render a decision and notify the taxpayer of the decision. The taxpayer, if still aggrieved, may appeal the decision of the tax assessor to the local tax board of review, or in the event that the assessor does not render a decision, the taxpayer may appeal to the local tax board of review at the expiration of the forty-five (45) day period. Appeals to the local tax board of review shall be filed not more than thirty (30) days after the assessor renders a decision and notifies the taxpayer, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period.

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

Tax Assessor's Decision

Date Sent: _____	REDUCED	Assessed Value _____
Date Returned: _____	DENIED	Abated Value _____
On-Site Inspection Date: _____	DEEMED DENIED	Adjusted Value _____
Inspector: _____	INCREASED	Assessed Tax _____
		Abated Tax _____
Date: _____ Tax Assessor's Signature: _____		Adjusted Tax _____

Tax Board of Review Decision

Date Sent: _____	REDUCED	Assessed Value _____
Date Returned: _____	DENIED	Abated Value _____
On-Site Inspection Date: _____	DEEMED DENIED	Adjusted Value _____
Inspector: _____	INCREASED	Assessed Tax _____
		Abated Tax _____
Date: _____ Signature: _____		Adjusted Tax _____

Any person still aggrieved on any ground whatsoever by an assessment of taxes against him or her in the Town of Hopkinton may, within thirty (30) days of the Tax Board of Review decision notice, file a petition in Rhode Island Superior Court for relief from the assessment.