

Dear Taxpayer:

In accordance with Chapter 59, Section 61A, the Board of Assessors request that you complete the enclosed property verification form so that the property record card may be reviewed for any inaccuracies that may affect the value.

HOUSE STYLE: _____ E.G. CAPE-RANCH-COLONIAL AGE OF HOUSE: _____

NUMBER OF STORIES: _____ NUMBER OF LIVING UNITS: _____

EXTERIOR: WOOD: ___ BRICK: ___ STONE: ___ VINYL: ___ ALUMINUM: ___

HAS THE PROPERTY BEEN REMODELED IN THE LAST THREE (3) YEARS? _____ IF YES, PLEASE BRIEFLY DESCRIBE:

TOTAL NUMBER OF ROOMS: (DO NOT INCLUDE BATHROOMS OR BASEMENT ROOMS) _____

BATHROOMS FULL: _____ HALF: _____ BEDROOMS: _____

DOES THE PROPERTY HAVE A BASEMENT: _____ YES _____ NO PERCENTAGE FINISHED: _____ %

IS THE FINISH COMPARABLE TO THE FIRST FLOOR? _____ YES _____ NO

IS THERE A WALK IN ATTIC? _____ IF YES, IS ANY OF THE ATTIC FINISHED LIVING SPACE? _____ YES _____ NO

PERCENT (%) FINISHED _____ % NUMBER OF FIREPLACES: _____ NUMBER OF OPENINGS: _____

HEAT: TYPE: _____ FUEL: _____ CENTRAL AIR: _____ YES _____ NO

GARAGE: ATTACHED _____ DETACHED _____ UNDER _____ SIZE _____ CARPORT: _____ SIZE: _____

SHED _____ SIZE _____ DECK _____ SIZE _____ BARN _____ SIZE _____

BREEZEWAY _____ SIZE _____ PORCH: ENCLOSED _____ SIZE _____ SCREENED _____ SIZE _____

OPEN _____ SIZE _____ POOL: INGROUND _____ SIZE _____ ABOVE GROUND _____ SIZE _____

DOES YOUR LOT HAVE ANY FACTORS WHICH YOU FEEL AFFECT ITS VALUE? _____

DATE OF PURCHASE: _____ SALE PRICE: _____

AT THE TIME OF PURCHASE DID ANY OF THE FOLLOWING APPLY?

	YES	NO
BOUGHT FROM A RELATIVE	_____	_____
PROPERTY ON MARKET FOR MORE THAN 9 (NINE) MONTHS	_____	_____
PROPERTY <u>NOT</u> ON MULTIPLE LISTING SERVICE	_____	_____
SELLER TOOK BACK A MORTGAGE	_____	_____
PURCHASED AT AUCTION OR FROM A FINANCIAL INSTITUTE	_____	_____
SPECIAL CIRCUMSTANCES AFFECTING THE SALE PRICE-APPROVED SHORT SALE	_____	_____

IF YES TO ANY OF THE ABOVE PLEASE EXPLAIN BELOW

OVERVALUATION CLAIMS ARE BASED ON 1 OF 3 REASONS

MARKET SALE ACTIVITY IN THE APPLICABLE CALENDAR YEAR, ASSESSED VALUES OF SIMILAR PROPERTIES IN NEIGHBORHOOD OR INACCURATE DATE DESCRIBING PROPERTY.

UPON FILING EITHER (OR BOTH) CLAIM(S) THREE (3) PROPERTIES OF COMPARISON SHOULD BE SUBMITTED

MARKET SALES-COMPARABLE PROPERTIES January 1, 2016 through December 31, 2016

	1ST SALE	2ND SALE	3RD SALE
BUYER			
SELLER			
LOCATION			
PARCEL ID			
SALE PRICE			
SALE DATE			
BOOK/PAGE			
STYLE			
LIVING AREA			

ASSESSED VALUES-COMPARABLE PROPERTIES

	PROPERTY #1	PROPERTY #2	PROPERTY #3
OWNER			
LOCATION			
PARCEL ID			
ASSESSED VALUE			
STYLE			
LIVING AREA			

Was there a professional appraisal on this property during 2016? _____ Yes _____ No

If yes, Appraiser's estimate of value \$ _____ Date of Value _____

Purpose of Appraisal _____

If submitting the appraised value as your opinion of value; the appraiser's opinion page and comparable sales must accompany this application.