

FOR ASSESSING DEPARTMENT USE ONLY

Original Assessment \$ _____
 A.D. Return \$ _____
 50% Penalty \$ _____
 Abate \$ _____

Date Form of List filed: ____/____/____

| Tax Amount | Amount Abated | Value Abated | Reason |
|-------------------|----------------------|---------------------|---------------|
| | | | |

PAYMENT SECTION

| | |
|--------|----------------|
| _____ | ____/____/____ |
| Amount | Date |
| _____ | ____/____/____ |
| Amount | Date |
| _____ | ____/____/____ |
| Amount | Date |
| _____ | ____/____/____ |
| Amount | Date |
| _____ | ____/____/____ |
| Amount | Date |

SIGNATURE SECTION

| | | |
|---|-------|-----------------------|
| _____ | _____ | _____ |
| Signature | Date | Abatement Recommended |
| _____ | _____ | _____ |
| Signature | Date | Abatement Recommended |
| _____ | _____ | _____ |
| Signature | Date | Abatement Recommended |
| _____ | _____ | _____ |
| Signature | Date | Abatement Recommended |
| _____ | _____ | _____ |
| Commissioner of Assessing | Date | Abatement Approved |
| _____ | _____ | |
| Executive Secretary, Board of Assessors | Date | |

ASSESSED VALUE -- VALUE ABATED = REVISED VALUE

- =

LAW DEPARTMENT

| | |
|-------------------------------|----------------|
| _____ | _____ |
| Assistant Corporation Counsel | Date |
| _____ | _____ |
| Docket Number | Date Withdrawn |

FOR ASSESSING DEPARTMENT USE ONLY