APPLICATION NO.

WEBAPP

BAR CODE HERE

City of Boston Assessing Department

APPLICATION FOR ABATEMENT OF REAL ESTATE TAX

Mass. General Laws Ch. 59, § 59

FY 2004

PROPERTY IDENTIFICATION

Fill in blanks with information ***EXACTLY AS IT APPEARS ON THE TAX BILL***. Please type or use ball point pen and PRINT carefully. ***PRESS DOWN HARD - YOU ARE MAKING A CARBON COPY***.

Ward: ☐☐ Parcel: ☐☐☐☐☐ - ☐☐☐ Bill No.:_____ Class: _____ (Land Use)

Assessed Owner: (as of 1/1/2003)_____

*Applicant (if not assessed owner):_____

Total Full Valuation: _____

Location: _____ Zip Code: ☐☐☐☐☐
(Number and Street)

REASON FOR ABATEMENT

☐ ***Overvaluation / Improper Classification / Disproportion:*** (Complete attached Information Requisition)

☐ ***Statutory Exemption:*** You must complete a ***Statutory Exemption Information Requisition*** available at Room 301, City Hall. Do ***NOT*** complete the standard Information Requisition.

GENERAL INFORMATION

Where to File: Assessing Department, Room 301, City Hall, Boston, MA 02201

Filing Deadline: No later than ***May 3, 2004***.

Payment of Tax: The filing of an abatement application does ***NOT*** allow you to postpone payment of the tax. If your application is approved, a refund will be issued to you. If you do not timely pay the tax assessed, you may lose your statutory appeal rights. See M.G.L. Ch. 59, § 64.

Approval: All abatements are subject to final approval by the Board of Review and the Commissioner of Assessing and jurisdictional requirements under M.G.L. Ch. 59.

Additional Information Required

Upon filing this application for abatement, you will be required to complete an Information Requisition Form (attached) providing more detailed information about the assessed property (Mass. General Laws Ch. 59 § 61A). The failure to provide the information requested on the form ***within thirty days of filing your abatement application*** may result in the loss of your right to appeal the tax assessed.

DATE STAMP HERE

AUTHORIZATION SECTION

(Complete and Sign below)

Social Security #: ☐☐☐-☐☐-☐☐☐☐ Federal ID #: ☐☐☐☐☐☐☐☐☐

(REQUIRED FOR REFUND: Write in one of the numbers above)

STATEMENT OF APPLICANT:

I am aggrieved by the assessment of the Real Estate Tax upon the real estate parcel described above, and hereby apply for abatement. ***I also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application***. I also hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A.

X _____ __/__/____
Signature of Applicant Date

PRINT BELOW

_____
Applicant's Name (Last Name, First)

_____
Number and Street (Mailing Address)

_____
City State Zip Code

( ) _____- _____ ( ) _____- _____
Telephone Number (Day) Telephone Number (Eve.)

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

STATEMENT OF REPRESENTATIVE: ***(if any)***

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, ***in the absence of this applicant's signature, I attach herewith a letter of authorization signed by the applicant. I also (circle one) file herewith/ have filed/ will file (within 30 days of the date of this application) an Information Requisition with Owner's (or Applicant's) authorization*** with the City of Boston Assessing Department relative to this abatement application. I also hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A.

X _____ ___/___/__
Signature of Representative Date

PRINT BELOW

_____
Representative's Name (Last Name, First)

_____
Firm Name

_____
Number and Street (Mailing Address)

_____
City State Zip Code

Telephone Number ( ) _____- _____

AD Form FY 2004