

RESIDENTIAL PROPERTY - 1, 2, 3 FAMILY, CONDOMINIUM

ASSESSED
OWNER _____
ASSESSED
LOCATION _____

MAP _____ LOT _____ BILL NO. _____ ASSESSED VALUE _____

GENERAL INFORMATION

This information requisition form is issued pursuant to the authority of the assessors under M.G.L. Ch. 59, S. 61A. Complete this form and return it to the Assessors Office, Town Hall, 10 Central St., Manchester, MA 01944, on or before 30 days after receipt of the form in order to preserve your rights. **FAILURE TO SUBMIT ALL REQUESTED INFORMATION WITHIN 30 DAYS COULD CAUSE DENIAL OF THE ABATEMENT APPLICATION.** Complete this form by providing all information requested. Type or print clearly with ballpoint pen.

PART ONE: GROUNDS FOR COMPLAINT: Complete all sections which apply to your abatement application.

___ **OVERVALUATION:** claims are based on 1 of 2 reasons:

- A) based on SALES MARKET ACTIVITIES B) based on ASSESSED VALUES OF SIMILAR PROPERTIES**

The applicant's opinion of value is \$ _____ based on: _____

A) If your claim is based on SALES MARKET ACTIVITIES then fill in the following:

(Use properties with very similar characteristics to your own that sold in 2011, which is the year we used.)

	<u>MAP/LOT</u>	<u>ADDRESS</u>	<u>DATE OF SALE</u>	<u>PRICE</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Use additional sheets as necessary.

B) If your claim is based on ASSESSED VALUES OF SIMILAR PROPERTIES then fill in the following:

(Use properties with very similar characteristics to your own.)

	<u>MAP/LOT</u>	<u>ADDRESS</u>	<u>ASSESSED VALUES</u>		<u>TOTAL</u>
			<u>BUILDING</u>	<u>LAND</u>	
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

Use Additional sheets as necessary.

PURCHASE INFORMATION: If your property was purchased within the past two years:

DATE OF PURCHASE _____ TOTAL PURCHASE PRICE _____
 DOWN PAYMENT _____ FIRST MORTGAGE TERM (YRS) _____
 INTEREST RATE (%) _____ ANY SPECIAL FINANCING? (Explain) _____
 ANY NON-REAL ESTATE ITEMS INCLUDED IN THE SALE? _____ IF YES LIST _____

**** YOU MUST ALSO COMPLETE THE REVERSE SIDE OF THIS FORM ****

I certify under pains of perjury that the information supplied in this requisition is true and correct.

SIGNATURE: _____ DATE: _____
IF SIGNED BY A REPRESENTATIVE OF THE TAXPAYER, ATTACH COPY OF THE WRITTEN AUTHORIZATION SIGNED BY THE TAXPAYER.

PART TWO: PHYSICAL DESCRIPTION

Please indicate the NUMBER of each type of room in your home. INCLUDE any rooms intended for regular use

In finished basement and finished attic areas.

<input type="checkbox"/>	Bathrooms w/ 4 fixtures (A bathtub with a shower in it counts as one fixture)	<input type="checkbox"/>	Family Room (not part of living room)
<input type="checkbox"/>	Bathrooms w/ 3 fixtures	<input type="checkbox"/>	Formal Dining Room (not dining area, dinette, or breakfast nook)
<input type="checkbox"/>	Bathrooms w/ 2 fixtures	<input type="checkbox"/>	Large Foyer (over 70 square feet)
DO NOT include bathrooms in total room counts.		<input type="checkbox"/>	Den
<input type="checkbox"/>	Bedrooms	<input type="checkbox"/>	Recreation Room
<input type="checkbox"/>	Kitchens	<input type="checkbox"/>	Laundry Room
<input type="checkbox"/>	Dining Area (not formal, not part of kitchen)	<input type="checkbox"/>	Office
<input type="checkbox"/>	Living Rooms	<input type="checkbox"/>	Study
<input type="checkbox"/>	TOTAL ROOM COUNT (DO NOT include bathrooms - DO include rooms in finished attics & basements)	<input type="checkbox"/>	Exercise Room
		<input type="checkbox"/>	Library
		<input type="checkbox"/>	Recreation Room
		<input type="checkbox"/>	Sun Room
		<input type="checkbox"/>	Apartment - In Law
		<input type="checkbox"/>	Apartment - Rented
		<input type="checkbox"/>	Other
		<input type="checkbox"/>	Other

COUNTS of Interior Plumbing Fixtures

<input type="checkbox"/>	Bathtubs Standard _____ Jacuzzi type
<input type="checkbox"/>	Shower Stalls (Separate - Not in bathtub)
<input type="checkbox"/>	Toilets
<input type="checkbox"/>	Sinks (Bath and Kitchen)
<input type="checkbox"/>	Water hookups indoors (Laundry Supply, etc)
<input type="checkbox"/>	Hot Tub (indoors or outdoors) _____ size

Please indicate QUANTITY of each

<input type="checkbox"/>	# of bedrooms adjoining a bathroom or sitting room
<input type="checkbox"/>	# of wood burning masonry fireplaces (working)
<input type="checkbox"/>	# of rooms with Hardwood, Stone, Ceramic Tiles or Marble floors
<input type="checkbox"/>	# of rooms with stained or varnished woodwork
<input type="checkbox"/>	# of exterior walls with 50% or more brick or stone
<input type="checkbox"/>	# of bathrooms with ceramic tile

WALL MATERIAL (Predominant)

<input type="checkbox"/>	Drywall
<input type="checkbox"/>	Plaster
<input type="checkbox"/>	Paneling (4x 8 sheets)
<input type="checkbox"/>	Pine
<input type="checkbox"/>	Plaster/antique type panels (not 4 x 8 sheets)
<input type="checkbox"/>	Unfinished
<input type="checkbox"/>	Other _____

FLOOR MATERIAL (Predominant)

<input type="checkbox"/>	W/W Carpeting
<input type="checkbox"/>	Pine/Fir boards
<input type="checkbox"/>	Hardwood
<input type="checkbox"/>	Wide Boards (Antique)
<input type="checkbox"/>	Linoleum/Vinyl Tile
<input type="checkbox"/>	Ceramic Tile
<input type="checkbox"/>	Concrete
<input type="checkbox"/>	Stone
<input type="checkbox"/>	Other _____

SWIMMING POOLS

<input type="checkbox"/>	Above Ground
<input type="checkbox"/>	In Ground
<input type="checkbox"/>	Pool Material
<input type="checkbox"/>	Liner Material
<input type="checkbox"/>	Pool Size
<input type="checkbox"/>	Deck Area
<input type="checkbox"/>	Pool Patio Area
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

HEATING SYSTEM

<input type="checkbox"/>	Forced Hot Air (No Air-conditioning)
<input type="checkbox"/>	Floor Furnace
<input type="checkbox"/>	Wall Furnace
<input type="checkbox"/>	Gravity Furnace (Includes wood stoves)
<input type="checkbox"/>	Floor Radiant (Hot Water)
<input type="checkbox"/>	Ceiling Radiant (Hot Water)
<input type="checkbox"/>	Electric Baseboard
<input type="checkbox"/>	Baseboard Hot Water
<input type="checkbox"/>	Radiators Hot Water/Steam
<input type="checkbox"/>	Central Air Conditioning (not window units)
<input type="checkbox"/>	No Heat
<input type="checkbox"/>	Heat Pump
<input type="checkbox"/>	Solar

TYPE OF FOUNDATION / BASEMENT

<input type="checkbox"/>	Full Basement Cement walls	<input type="checkbox"/>	Check here if dirt floor
<input type="checkbox"/>	Crawl Space only (Cement walls)		
<input type="checkbox"/>	Slab Foundation only		
<input type="checkbox"/>	Post / Piers only		
<input type="checkbox"/>	Outside basement entrance		
<input type="checkbox"/>	Inside basement entrance		
<input type="checkbox"/>	% If any, of BASEMENT with FINISHED rooms (family room, recreation room, bed rooms, etc.)		
<input type="checkbox"/>	% If any, of ATTIC with FINISHED rooms		
	Heated		Not Heated

HEATING FUEL USED

<input type="checkbox"/>	Oil
<input type="checkbox"/>	Gas
<input type="checkbox"/>	Electric
<input type="checkbox"/>	Solar Assisted

TYPE OF WINDOWS

<input type="checkbox"/>	Thermal Pane
<input type="checkbox"/>	Single Pane
<input type="checkbox"/>	Storm Windows

INSULATION

<input type="checkbox"/>	Well Insulated
<input type="checkbox"/>	Poorly Insulated
<input type="checkbox"/>	No Insulation

GENERAL CONDITION

	GOOD	AVG.	FAIR	POOR
Foundation				
Roofing				
Siding				
Windows				
Floors				
Walls				
Ceilings				
Heating System				
Electrical System				
Plumbing System				

PART THREE: RENTAL INFORMATION

Number of Rooms	Tenant Name	Monthly Rent	Furnished or Unfurnished	Months Vacant
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Fill in if you rent any portion of the property.

PLEASE USE ADDITIONAL SHEETS AS NECESSARY FOR COMMENTS THAT AFFECT THE FAIR MARKET VALUE OF YOUR PROPERTY