

TOWN OF MANCHESTER
ASSESSING DEPARTMENT
978-526-2010

INFORMATION REQUISITION
F.Y. 2012

Date Sent _____

Date Submitted _____

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 2010, which is the year we used.)

MAP/LOT	ADDRESS	DATE OF SALE	PRICE
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.)

MAP/LOT	ADDRESS	ASSESSED VALUES		
		BUILDING	LAND	TOTAL
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)
<input type="checkbox"/>	DO NOT include bathrooms in total room counts.	<input type="checkbox"/>	Den
<input type="checkbox"/>	Bedrooms	<input type="checkbox"/>	Laundry Room
<input type="checkbox"/>	Kitchens	<input type="checkbox"/>	Office
<input type="checkbox"/>	Dining Area(not formal, not part of kitchen)	<input type="checkbox"/>	Study
<input type="checkbox"/>	Living Rooms	<input type="checkbox"/>	Exercise Room
<input type="checkbox"/>	TOTAL ROOM COUNT (DO NOT include bathrooms - DO include rooms in finished attics & basements)	<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

Please indicate QUANTITY of each

<input type="checkbox"/>	Bathtubs Standard _____ Jacuzzi type	<input type="checkbox"/>	# of bedrooms adjoining a bathroom or sitting room
<input type="checkbox"/>	Shower Stalls (Separate - Not in bathtub)	<input type="checkbox"/>	# of wood burning masonry fireplaces (working)
<input type="checkbox"/>	Toilets	<input type="checkbox"/>	# of rooms with Hardwood, Stone, Ceramic Tiles or Marble floors
<input type="checkbox"/>	Sinks (Bath and Kitchen)	<input type="checkbox"/>	# of rooms with stained or varnished woodwork
<input type="checkbox"/>	Water hookups indoors (Laundry Supply, etc)	<input type="checkbox"/>	# of exterior walls with 50% or more brick or stone
<input type="checkbox"/>	Hot Tub (indoors or outdoors) _____ size	<input type="checkbox"/>	# of bathrooms with ceramic tile

WALL MATERIAL (Predominant)

FLOOR MATERIAL (Predominant)

SWIMMING POOLS

<input type="checkbox"/>	Drywall	<input type="checkbox"/>	W/W Carpeting	<input type="checkbox"/>	Above Ground _____
<input type="checkbox"/>	Plaster	<input type="checkbox"/>	Pine/Fir boards	<input type="checkbox"/>	In Ground _____
<input type="checkbox"/>	Paneling (4x 8 sheets)	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Pool Material _____
<input type="checkbox"/>	Pine	<input type="checkbox"/>	Wide Boards (Antique)	<input type="checkbox"/>	Liner Material _____
<input type="checkbox"/>	Plaster/antique type panels (not 4 x 8 sheets)	<input type="checkbox"/>	Linoleum/Vinyl Tile	<input type="checkbox"/>	Pool Size _____
<input type="checkbox"/>	Unfinished	<input type="checkbox"/>	Ceramic Tile	<input type="checkbox"/>	Deck Area _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Pool Patio Area _____
		<input type="checkbox"/>	Stone	<input type="checkbox"/>	Other _____
		<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

HEATING SYSTEM

TYPE OF FOUNDATION / BASEMENT

<input type="checkbox"/>	Forced Hot Air (No Air-conditioning)	<input type="checkbox"/>	Full Basement Cement walls _____ Check here if dirt floor
<input type="checkbox"/>	Floor Furnace	<input type="checkbox"/>	Crawl Space only (Cement walls)
<input type="checkbox"/>	Wall Furnace	<input type="checkbox"/>	Slab Foundation only
<input type="checkbox"/>	Gravity Furnace (Includes wood stoves)	<input type="checkbox"/>	Post / Piers only
<input type="checkbox"/>	Floor Radiant (Hot Water)	<input type="checkbox"/>	Outside basement entrance
<input type="checkbox"/>	Ceiling Radiant (Hot Water)	<input type="checkbox"/>	Inside basement entrance
<input type="checkbox"/>	Electric Baseboard	<input type="checkbox"/>	% if any, of BASEMENT with FINISHED rooms (family room, recreation room, bed rooms, etc.)
<input type="checkbox"/>	Baseboard Hot Water	<input type="checkbox"/>	% if any, of ATTIC with FINISHED rooms _____ Heated _____ Not Heated
<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		

HEATING FUEL USED

GENERAL CONDITION

GOOD AVG. FAIR POOR

<input type="checkbox"/>	Oil		Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Gas		Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Electric		Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Solar Assisted		Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Heating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART THREE: RENTAL INFORMATION

Fill in if you rent any portion of the property.

Number of Rooms	Tenant Name	Monthly Rent	Furnished or Unfurnished	Months Vacant
-----------------	-------------	--------------	--------------------------	---------------

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