

Town of Mendon Assessor's Office
2017 Request for Residential Informal Assessment Review

RETURN TO THE TOWN OF MENDON ASSESSOR'S OFFICE NO LATER THAN 4/10/2017

I. Property Info																																	
SBL/Tax ID	Requested Assessed Value \$ _____																																
Property Location (if different than mailing)	Current Assessed Value																																
II. Contact Info																																	
Name	Mailing Address																																
City, State, Zip	Phone/Email																																
III. Reason(s) For Request <i>(check and complete only the sections that are applicable)</i>																																	
<input type="checkbox"/> Property has been recently purchased <i>(attach proof such as a closing statement or accepted contract)</i> Purchase price \$ _____ Date of Purchase: _____ Terms: ___ Cash ___ Private financing ___ Mortgage Was there an appraisal done? Yes No (IF YES - ATTACH A COPY OF THE APPRAISAL) Relationship between seller and purchaser (parent-child, in-laws, siblings, etc.)? _____ Personal property included (furniture, lawn equipment, etc.)?: _____ Did seller pay concessions or contributions toward closing costs? Yes No Amt \$ _____																																	
<input type="checkbox"/> Property has been recently offered for sale <i>(attach proof - such as listing agreement)</i> Date listed: _____ Asking Price: _____ How offered (FSBO, multiple listing, realtor)? _____																																	
<input type="checkbox"/> Property has recently been appraised <i>(attach copy of entire appraisal)</i> Appraised value: \$ _____ Appraisal date: _____ Function/Use of appraisal: _____ Appraiser: _____																																	
<input type="checkbox"/> Property has a recent Comparative Market Analysis (CMA) <i>(attach copy of entire CMA)</i> Realtor estimate of value: \$ _____ Date of CMA: _____ Function/Use of CMA: _____ Realtor: _____																																	
<input type="checkbox"/> Specific property conditions that affect value <i>(describe, attach photos - MAY REQUIRE INSPECTION)</i> _____ _____																																	
<input type="checkbox"/> Comparable sales <i>(similar characteristics as my home: similar style, age, size, location, etc...)</i> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">#</th> <th style="text-align: left; border-bottom: 1px solid black;">Comp Address</th> <th style="text-align: left; border-bottom: 1px solid black;">Sale Price</th> <th style="text-align: left; border-bottom: 1px solid black;">Sale Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Style</th> <th style="text-align: left; border-bottom: 1px solid black;">Yr.Blt.</th> <th style="text-align: left; border-bottom: 1px solid black;">Size/SFLA</th> <th style="text-align: left; border-bottom: 1px solid black;">Lot Size</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">1</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table>		#	Comp Address	Sale Price	Sale Date	Style	Yr.Blt.	Size/SFLA	Lot Size	1	_____	_____	_____	_____	_____	_____	_____	2	_____	_____	_____	_____	_____	_____	_____	3	_____	_____	_____	_____	_____	_____	_____
#	Comp Address	Sale Price	Sale Date	Style	Yr.Blt.	Size/SFLA	Lot Size																										
1	_____	_____	_____	_____	_____	_____	_____																										
2	_____	_____	_____	_____	_____	_____	_____																										
3	_____	_____	_____	_____	_____	_____	_____																										
<input type="checkbox"/> Other reason(s): <i>(attach additional pages, if necessary)</i> _____ _____																																	
IV. Certification																																	
I certify that the above statements are true and not misrepresented, to the best of my knowledge.																																	
Signature of Owner	Date																																
Signature of Owner	Date																																