

DEAR ABATEMENT APPLICANT:

Comm/Indus

In accordance with MGL Ch59, the Board of Assessors requests that you complete this Property Verification Form so that the property record card may be reviewed for any inaccuracies that may affect the value. Under MGL Ch59 S61A, this information must be provided within thirty (30) days.

PROPERTY ADDRESS: \_\_\_\_\_

1. BUILDING STYLE: \_\_\_\_\_ (ie; MILL, RETAIL, RESIDENTIAL CONVERSION)

NUMBER OF STORIES: \_\_\_\_\_ NUMBER OF APTS.: \_\_\_\_\_ NUMBER OF OFFICES: \_\_\_\_\_

NUMBER OF STORE FRONTS: \_\_\_\_\_ AGE: \_\_\_\_\_

EXTERIOR: WOOD \_\_\_\_\_ BRICK \_\_\_\_\_ STONE \_\_\_\_\_ VINYL \_\_\_\_\_ ALUM \_\_\_\_\_ OTHER \_\_\_\_\_

2. HAS THE PROPERTY BEEN REMODELED IN THE LAST 3 YEARS? (Y/N) \_\_\_\_\_ IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

3. HAVE BUILDINGS OR OTHER STRUCTURES BEEN ALTERED, REMOVED, OR ADDED SINCE THE SALE?

(Y/N) \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

4. TOTAL NUMBER OF UNITS \_\_\_\_\_

5. TOTAL NUMBER OF ROOMS (EXCLUDES BATHROOMS): \_\_\_\_\_

6. NUMBER OF BATHROOMS FULL: \_\_\_\_\_ HALF: \_\_\_\_\_ 3/4: \_\_\_\_\_

7. HEAT: TYPE: (ex; steam, forced air) \_\_\_\_\_ FUEL(ex; oil, gas) \_\_\_\_\_ A/C: (Y/N) \_\_\_\_\_ IF YES  
TYPE: \_\_\_\_\_

8. DOES THE PROPERTY HAVE A BASEMENT? (Y/N) \_\_\_\_\_ % DIRT FLOOR \_\_\_\_\_

9. IS THE BASEMENT FINISHED? (Y/N) \_\_\_\_\_ IF YES, % FINISHED \_\_\_\_\_

10. IS THERE A WALK-IN ATTIC? (Y/N) \_\_\_\_\_ IF YES, % FINISHED: \_\_\_\_\_

11. OTHER BUILDINGS/STRUCTURES OR FEATURES – IF PRESENT:

BLDG 1 SIZE: \_\_\_\_\_ BLDG 2 SIZE: \_\_\_\_\_ BLDG 3 SIZE: \_\_\_\_\_ BLDG 4 SIZE: \_\_\_\_\_

GARAGE (Y/N): ATTACHED \_\_\_\_\_ DETACHED \_\_\_\_\_ UNDER \_\_\_\_\_ SIZE: \_\_\_\_\_

CANOPY: \_\_\_\_\_ SIZE: \_\_\_\_\_ SPRINKLER: \_\_\_\_\_ TYPE: \_\_\_\_\_

LOADING DOCK SIZE: \_\_\_\_\_ ELEVATOR: \_\_\_\_\_ # OF STOPS: \_\_\_\_\_

12. DOES YOUR LOT HAVE ANY FACTORS WHICH YOU FEEL AFFECT ITS VALUE? (Y/N) \_\_\_\_\_ IF YES EXPLAIN  
(WETLANDS, TITLE5/PERC, ETC) AND ENCLOSE A LETTER FROM THE APPROPRIATE CITY DEPARTMENT  
SUPPORTING SUCH CLAIMS \_\_\_\_\_

\_\_\_\_\_

13. HAS THE PROPERTY AT ANYTIME SINCE JANUARY 1, 2020 BEEN LISTED FOR SALE WITH A REAL  
ESTATE BROKER? (Y/N) \_\_\_\_\_

IF YES: ASKING PRICE \_\_\_\_\_, DATE(S) OF LISTING \_\_\_\_\_

14. HAS A PROFESSIONAL APPRAISAL BEEN PERFORMED ON THE PROPERTY SINCE JANUARY 1, 2020?  
(Y/N)\_\_\_\_\_ (IF YES, PLEASE ENCLOSE A COPY.)

15. PLEASE STATE THE REASONS WHY YOU FEEL YOUR PROPERTY IS BEING ASSESSED INCORRECTLY.

---

---

---

OVERVALUATION CLAIMS **MUST** BE ACCOMPANIED BY THE COMPLETED SECTION BELOW:

**A. MARKET SALES COMPARABLE PROPERTIES**

	1 <sup>st</sup> SALE	2 <sup>nd</sup> SALE	3 <sup>rd</sup> SALE
LOCATION			
ASSESSORS MAP/LOT			
SALE PRICE			
SALE DATE			

**B. SIMILAR PROPERTIES COMPARED BY VALUE**

LOCATION/ADDRESS	MAP/LOT	ASSESSED VALUE	OWNER

**NOTE: ALL QUESTIONS MUST BE ANSWERED AS REQUESTED TO CONSIDER THIS INFORMATION REQUEST COMPLETE.**

I, \_\_\_\_\_ DO SOLEMNLY SWEAR, UNDER OATH AND UNDER PENALTIES OF PERJURY, THAT \_\_\_\_\_ (please print your full name) THE STATEMENTS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

**THANK YOU IN ADVANCE FOR YOUR COOPERATION**  
Office of the Assessor

**PLEASE RETURN THE COMPLETED FORM TO:  
ASSESSORS' OFFICE  
95 PLEASANT ST  
GARDNER, MA 01440**