



**Lake Ontario and Connected
Waterways Assessment Relief Act
Complaint on Real Property Assessment**

Part 1 – General information

Before the Board of Assessment Review for		(city, town, village, or county)	
Name(s) of owner(s)			
Mailing address of owner(s) (number and street or PO Box)		Location of property (street address)	
City, village, or post office	State	ZIP code	City, town, or village
			State
			ZIP code
Daytime contact number	Evening contact number	School district	
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)	

Part 2 – Information necessary to determine loss of improved value of property

Percent of assessment reduction granted on the assessment roll	
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Indicate property owner's claimed loss to improvements on the property (excluding value of the land):

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| 10-19%* <input type="checkbox"/> | 20-29%* <input type="checkbox"/> | 30-39%* <input type="checkbox"/> | 40-49%* <input type="checkbox"/> | 50-59% <input type="checkbox"/> |
| 60-69% <input type="checkbox"/> | 70-79% <input type="checkbox"/> | 80-89% <input type="checkbox"/> | 90-99% <input type="checkbox"/> | 100% <input type="checkbox"/> |

* Assessment relief for a loss of less than 50% of improved value is available only if the municipality's local law or resolution has specifically authorized relief in those loss categories.

Describe in detail the damage to the improvements on the property caused by the flooding that occurred between April 1, 2017 and July 1, 2017, and the condition of the property following the flooding. Attach any, and all, reports from an insurance adjuster, and any other supporting documentation. If that material was included in the application you submitted to the assessor, you may submit a copy of that application instead.

Part 3 – Designate a representative *(optional)*

I, _____, as complainant, designate _____ to act as my representative in any and all proceedings before the board of assessment review of the city/town/village/county of _____ for all purposes of reviewing the assessment of my real property, as it appears on the _____ (year) tentative assessment roll.

Authorized representative information	Printed name of authorized representative		Employer identification number	
	Signature of authorized representative		Signature of owner	
	Address of authorized person		Telephone number ()	Date

Part 4 – Certification

I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Signature of owner (or representative)	Date
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Space Below For Use of Board of Assessment Review

Disposition

Change in percentage of reduced assessment No change in assessment

Reason:

Vote on complaint

All concur:

All concur except:

Name	against <input type="checkbox"/>	abstain <input type="checkbox"/>	absent <input type="checkbox"/>
Name	against <input type="checkbox"/>	abstain <input type="checkbox"/>	absent <input type="checkbox"/>

Assessment reduction	Assessment roll	Claimed reduction	Decision by Board of Assessment Review
	%	%	%

Date notification mailed to complainant