

Section I: Property Information, Authority, and Signature

Residential Property Type: ___ 1 Family ___ 2 Family ___ 3 Family ___ Condo

Assessed Owner _____

Assessed Location (Street Address) _____

Map _____ Lot _____ Tax Bill # _____ Assessed Value \$ _____

This Information Requisition form is issued pursuant to the authority of the Board of Assessors under Massachusetts General Law Chapter 59, Section 61A. In order to preserve your rights, complete this form and return it to the Assessors Office, Town Hall, 325 Main Road, Gill MA 01354, on or before 30 days after filing your Application for Abatement. **Failure to submit all requested information within 30 days could cause denial of the abatement application.** Type or print clearly with ballpoint pen. All information is confidential.

I certify under pains and penalties of perjury that the information supplied in this requisition is, to the best of my knowledge, true and correct.

Signature: _____ **Date:** _____

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

Section II: Overvaluation Based on Sales Activity

Complete this section if you applied for abatement because you feel your property is over-valued **based on sale prices** of properties similar to yours.

The applicant's opinion of value is \$ _____.

Complete the chart below to support your claim based on Sales Market Activities. Use properties with very similar characteristics to your own, especially neighborhood, house style, and dimensions. Only include Gill properties that were arms-length sales from July 1, 2019 – June 30, 2021.)

	Map / Lot	Address	Date of Sale	Price
Example 1				
Example 2				
Example 3				

Section III: Inequitable Assessment Based on Values of Similar Properties

Complete this section if you applied for abatement because you feel your property has a **higher assessed value than other very similar properties.**

The applicant's opinion of value is \$ _____.

Complete the chart below to support your claim based on Assessed Values of Similar Properties. Use properties with very similar characteristics to your own, especially neighborhood, house style, and dimensions. Only include Gill properties, and use assessed valuations from January 1, 2021.

	Map / Lot	Address	Assessed Values		
			Building	Land	Yard Items
Example 1					
Example 2					
Example 3					

Section IV: Physical Description of Property (All applicants must complete this section.)

House Style _____ (cape, colonial, condo, contemporary, conventional, mobile home, old-style, ranch, split-level, camp, etc.)

Year Built _____ Number of Stories _____ Number of Apartments _____

Driveway: Paved Gravel Water & Sewer: Private Public

Roof: Asphalt Shingles Slate Metal _____

Exterior: Wood Brick Stone Vinyl Aluminum _____

Interior Walls (predominant): Drywall Plaster Paneling Antique _____

Interior Floors (predominant): W/W Carpet Vinyl Tile Hardwood Softwood Antique
 Ceramic Tile Concrete Stone _____

Has the property been remodeled in the last 10 years? _____ If yes, briefly explain, including cost and completion date. _____

Total number of rooms (excluding bathrooms & basement rooms) _____

Number of bedrooms _____ Number of kitchens _____

Number of bathrooms: # Full _____ # Half-baths _____ # 3/4-baths _____
 # Jacuzzis _____ # Hot Tubs (indoors or outdoors) _____ Size _____

Basement: None Crawl Space Full Full Walkout
 Is any of it finished? _____% Living Area _____% Rec Room _____% Other _____%

Is there an attic? Yes No Is it a walk-in attic? Yes No
 Is any of it finished living space? Yes No _____% Finished

Number of masonry fireplaces: _____

Heat: Type _____ Fuel _____ Central Air? Yes No

Garage: Attached Detached Basement Size _____ x _____

Pool: Above-ground In-ground Shape (oval, round, rect.) _____ Size _____ Made of _____
 Pool Deck Size _____ Pool Patio Size _____

Does your lot have any factors which you feel affect its value? _____

General Conditions of the Property				
	Good	Average	Fair	Poor
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Insulation	<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"/>

Accessory Structures	
<input type="checkbox"/> Deck	Size _____ x _____
<input type="checkbox"/> Enclosed Porch	Size _____ x _____
<input type="checkbox"/> Screen Porch	Size _____ x _____
<input type="checkbox"/> Open Porch	Size _____ x _____
<input type="checkbox"/> Breezeway	Size _____ x _____
<input type="checkbox"/> Barn	Size _____ x _____
<input type="checkbox"/> Carport	Size _____ x _____
<input type="checkbox"/> Shed	Size _____ x _____
<input type="checkbox"/> Gazebo	Size _____ x _____

Section V: Purchase Information

Complete this section **only if you purchased your home within the last three (3) years.**

Date purchased ____/____/____ Purchase Price \$_____ Home [] Land Only []
 Amount of 1st mortgage \$_____ Years_____ Interest Rate (%)_____
 Amount of 2nd mortgage \$_____ Years_____ Interest Rate (%)_____

Did your purchase involve any of the following conditions? If you answer YES to any question, explain below.

	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>
Were any non-real estate items included in the sale? (List below)	[]	[]	[]
Was your financing from a non-conventional source?	[]	[]	[]
Did you buy from a family member?	[]	[]	[]
Did you purchase a partial interest in the property?	[]	[]	[]
Was any other property included in your purchase?	[]	[]	[]
Is your property subject to deed restrictions or easements?	[]	[]	[]
At the time of purchase, was the interior unfinished and to be completed by the buyer?	[]	[]	[]
Was the property bought from a foreclosure or auction?	[]	[]	[]

Explanation: _____

List any other considerations that may have affected the purchase price and may understate or overstate the Fair Market Value of the property. _____

Section VI: Condominiums

Complete this section **only if you are the owner of a condominium.**

Total floors of building _____ CHECK ALL THAT APPLY
 Floor on which Unit is located: _____ Dishwasher [] Central A/C []
 Front [] Middle [] Rear [] Fireplace [] Balcony/Porch []
 Unit Number: _____ Elevator [] Swimming Pool []
 Size of Unit: _____ Sq. Ft. Open Parking []
 Covered Parking []
 Garage Parking []
 Number of bedrooms in Unit: _____
 Number of full bathrooms in Unit: _____
 Number of ½ or ¾ bathrooms: _____
 Total number of rooms in Unit: _____

Section VII: Rental and Income Information

Complete this section **only if a portion of or the entire property is rented.**

A) Number of Furnished units: _____ Number of Unfurnished units: _____

B) Owner Occupied? Yes No

C) Rental Schedule for Income-Producing Spaces

Unit #	Number of Rooms	Name of Tenant	Rental Rate as of Jan. 1, 2020	Yearly Income Collected

D) Amenities Included in Monthly Rent

- | | | |
|-------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Heat | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Central | <input type="checkbox"/> Central | <input type="checkbox"/> Hot Water |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stove | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Laundry | |

E) Annual Cost of Services

- Water & Sewer \$ _____
Light & Power \$ _____
Heating \$ _____
Insurance \$ _____
Repairs \$ _____
Other \$ _____
TOTAL COST \$ _____

Section VIII: Additional Information

Use this space to provide any additional information for the Assessors to consider in reviewing your Abatement Application. You may also attach extra pages if necessary.

This is the end of the Information Requisition Form. Please review your responses for accuracy and completeness, and return it to the Assessors Office within 30 days of filing your Application for Abatement. **A late or incomplete form may cause your abatement application to be denied.**