

**ASSESSOR'S
OFFICE**

Residential Informal Review Application – Town of _____

The Informal Review is completed prior to the filing of the Tentative Assessment Roll. This is where you can challenge your Preliminary Assessment determined by the Assessor's Office. Please provide copies of all additional relevant documentation you wish to have considered. Once turned in the information becomes the property of the Town of Seneca Falls. We are not able to provide you with any information turned in during an Informal Review.

Section 1: Property & Owner Information

1. Owner name: _____
2. Owner Phone Number: _____
3. Property Address: _____
4. SBL (Section, Block & Lot Number): _____
5. Preliminary Assessment: _____
6. Requested Assessment: _____
7. Reason for Requested Assessment/Comments: _____

8. Property Description:
 - a. Property Style (Ranch, Cape, Etc.) _____
 - b. Property Class (1 Family, 2 Family, Etc.) _____
 - c. Property Use (Owner Occupied, Rental, Etc) _____
 - d. Square Footage: _____ Year Built: _____
 - e. Purchase Date: _____
 - f. Improvements since purchase: _____

9. Property Inventory:
 - a. Number of Bedrooms: _____
 - b. Number of Bathrooms: _____
 - c. Central Air: Yes or No _____
 - d. Number of Kitchens: _____
 - e. Number is Bathrooms (including ½): _____
 - f. Fireplaces: Yes or No How Many? _____

Section 2: Comparable Sales

Here is where you provide a list of homes comparable to your own that have sold in your neighborhood within the last three years and, support your claim for a lower assessment.

1. Comparable Sale:

a. Property Address: _____

b. Sale Date: _____ Sale Price: _____

c. Square Footage: _____ Property Style: _____

d. Comments: _____

2. Comparable Sale:

a. Property Address: _____

b. Sale Date: _____ Sale Price: _____

c. Square Footage: _____ Property Style: _____

d. Comments: _____

3. Comparable Sale:

a. Property Address: _____

b. Sale Date: _____ Sale Price: _____

c. Square Footage: _____ Property Style: _____

d. Comments: _____

Section 3: Signature/Authorization

Owner Signature: _____

Date: _____

I authorize _____ to discuss my Preliminary Assessment on my behalf.