

**Charlton Assessing Department
Information Requisition
Residential Property
One, Two, and Three Family**

Parcel ID	Assessed Owner
Property location	Assessed value
Contact name	Contact phone #
Mailing address	

General information

This information requisition form is issued pursuant to the authority of the Assessors under M.G.L. Ch. 59, Section 61A. Complete this form and return it to the Charlton Board of Assessors, Municipal Office Building, 37 Main Street, Charlton, Massachusetts 01507. If tax bills were mailed on or before Dec. 31st, the filing deadline for an abatement application is February 1st.

Complete this form by providing all information requested. Type or print clearly with a ball point pen.

Part one – Grounds for complaint

A. **Overvaluation** (The assessment exceeds the full and fair cash value of the property).

1. Indicate the assessed value of the property.
2. Indicate your opinion of the value.
3. Complete the comparable table below for five properties in your area.

	<u>Property</u>	<u>Comparable</u> <u>1</u>	<u>Comparable</u> <u>2</u>	<u>Comparable</u> <u>3</u>	<u>Comparable</u> <u>4</u>	<u>Comparable</u> <u>5</u>
Parcel ID						
Address						
Valuation						
Land Area						
Total Fin area						
Fin bsmt						
Story Height						
Bldg Style						
A/C						
Fireplaces						
Yr Built						
Rooms/Bdrm						
Full/Half baths						
Bath quality						
Kitchen qua						
Condition						
Grade						
Basement Gar Specs						
Att/Det Gar area						

Reference data is available outside the Assessors office and/or www.townofcharlton.net

B. Comparable sales

The assessment is correct based on sales of similar properties.

Complete the table below for five comparable properties near you that have sold in the past two years.

	<u>Property</u>	<u>Sale 1</u>	<u>Sale 2</u>	<u>Sale 3</u>	<u>Sale 4</u>	<u>Sale 5</u>
Parcel ID						
Address						
Sale price						
LandArea						
Total Fin area						
Fin basement						
Story Height						
Bldg Style						
A/C						
Fireplaces						
Year Built						
Rooms/Bdrm						
Full/Half baths						
Bath quality						
Kitchen qua						
Condition						
Grade						
Basement Gar Specs						
Att/Det Gar area						

Part two: Rehabilitation/new construction

If there has been any new construction of significant rehabilitation such as new kitchens, baths, heating of electrical work in the last five years, please list below.

<u>Year</u>	<u>Describe of construction or renovation</u>	<u>Cost</u>	<u>Complete?</u>

Part three: Purchase Information

If your property was purchased in the past three years, please supply the following:

Date of Sale: _____ Amount _____ Rate% _____

Term _____

Purchase Price: _____ 1st mtg _____

Down Payment: _____ 2nd mtg _____

Signature: _____ I certify under the pains and penalties of perjury, that I am either the owner of the property or the authorized representative of the owner and that all information supplied is the requisition is, to the best of my knowledge, true and correct.

Signed _____ Date _____ if not owner type name here _____