



Anthony F. Davey
Tax Assessor

Town of East Greenwich

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR

Town Hall
125 Main Street
East Greenwich, RI 02818
Clerk: (401) 886-8601
Assessor: (401) 886-8614

Real Estate/Personal Property Appeal Form 2018

Appeal to the Assessor

The appeal period for Real Estate and Personal Property is from **September 1st – November 30th, 2018**. If you do not file within this timeframe, you will waive your right of appeal and have no further recourse in accordance with RI General Law 44-5-26.

Should your appeal be denied by the Assessor, you have no more than thirty (30) days after the Assessor's rendered decision to file an appeal with the Board of Assessment Review. Applications for the Board can be obtained at the Tax Assessor's Office.

Please make sure all supporting documentation, pictures, deeds, sale listings, property record cards, letters, maps, etc. have been attached to your appeal at the time you file with the Assessor's Office.

Any information you present will help in the decision making process and will not be returned. The Assessor shall render his decision based only on the evidence that is presented with the application or by visiting the site of the property, if warranted. You will be notified by mail as to the assessor's decision within 45 days of the recorded filing date.

It is the intention of the Assessor to process each appeal as quickly and fairly as possible. Appeals will be heard in the order that they are received. Should you have any additional questions, please contact the Tax Assessor at 401-886-8614 or via email: adavey@eastgreenwichri.com.



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2018 Application to the Assessor for Abatement of Property Tax

RI General Law 44-5-26

This form must be filed with the Tax Assessor's Office within 90 days from the date the first tax payment is due (September 1st). Postmark must be no later than the 90th day.

All documentation supporting the request for abatement MUST be included with this application.

1. TAXPAYER INFORMATION:

a. Name(s) of Assessed Owner: _____

Mailing Address: _____

Phone Number/Email: _____

b. Name(s) and Status of Applicant if other than Assessed Owner:

_____ Subsequent Owner (Acquired Title after December 31st 20____)

_____ Administrator/Executor _____ Lessee _____ Mortgagee

_____ Other(specify) _____

Mailing Address: _____

Phone Number/Email: _____

2. PROPERTY INFORMATION: Complete using information as it appears on the tax bill.

Account Number: _____ Map/Plat/Lot: _____

Location: _____ Annual Tax: _____

Assessed Value: _____

Date Property Acquired: _____ Purchase Price: _____

Total Cost of any Improvements: _____

What is the amount of fire insurance on the building? _____

3. **REASON(S) ABATEMENT SOUGHT:** Check reason(s) abatement is warranted and briefly explain why it applies. Continue explanation on an attachment, if necessary.

- a. ___ Overvaluation b. ___ Incorrect Usage Classification c. ___ Incorrect Field Card
d. ___ Other/Specify below

Applicant's Opinion of Value

Fair Market Value as of 12/31/2017 should be \$ _____

Explanation: _____

Comparable Properties that Support an Overvaluation Claim:

Address	Sales Price	Sales Date	Map/Plat/Lot	Assessed Value

Have you filed a true and exact account this year with the Tax Assessor as required by law? Yes / No

4. SIGNATURES:

Signature(s) of Applicant: _____ Date: _____

_____ Date: _____

Signature of Authorized Agent (if applicable): _____

Date: _____

Any person still aggrieved on any ground whatsoever by an assessment of taxes against him or her may also file with the local Tax Board of Assessment Review no more than thirty (30) days after the Assessor renders a decision. Applications may be obtained in the Tax Assessor's Office.

If still aggrieved, within thirty (30) days of the Tax Board of Assessment Review decision notice, you may file a petition in Kent County Superior Court for relief from the assessment.

Disposition of Application (Assessor's Use Only)

Tax Assessor's Decision

GRANTED / DENIED

Date Reviewed: _____

Assessed Value: _____

On Site Inspection: _____

Abated Value: _____

Inspector: _____

Adjusted Value: _____

Abated Tax: _____

Date: _____ Assessor Signature: _____