
Name of City or Town

APPLICATION FOR ABATEMENT OF ☐ **REAL PROPERTY TAX**
☐ **PERSONAL PROPERTY TAX**

FISCAL YEAR _____
General Laws Chapter 59, § 59

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (See General Laws Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors not later than due
date of first actual (**not** preliminary) tax payment
for fiscal year.

INSTRUCTIONS: Complete **BOTH** sides of application. Please print or type.

A. TAXPAYER INFORMATION.

Name(s) of assessed owner: _____		
Name(s) and status of applicant (if other than assessed owner) _____		
<input type="checkbox"/> Subsequent owner (aquired title after January 1) on _____, _____		
<input type="checkbox"/> Administrator/executor.	<input type="checkbox"/> Mortgagee.	
<input type="checkbox"/> Lessee.	<input type="checkbox"/> Other. Specify.	
Mailing address _____		Telephone No. () _____
No. Street	City/Town	Zip Code
Amounts and dates of tax payments _____		

B. PROPERTY IDENTIFICATION. Complete using information as it appears on tax bill.

Tax bill no. _____	Assessed valuation \$ _____
Location _____ No. Street	
Description _____	
Real: _____	Parcel ID no. (map-block-lot) _____
Personal: _____	Property type(s) _____
Land area _____	Class _____

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

<input type="checkbox"/> Overvaluation	<input type="checkbox"/> Incorrect usage classification
<input type="checkbox"/> Disproportionate assessment	<input type="checkbox"/> Other. Specify.
Applicant's opinion of: Value \$ _____	Class _____
Explanation _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES. TO AVOID LOSS OF APPEAL RIGHTS OR
ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

D. SIGNATURES.

Subscribed this _____ day of _____, _____		Under penalties of perjury.
Signature of applicant _____		
If not an individual, signature of authorized officer _____		Title _____
(print or type) Name _____	Address _____	Telephone (____) _____
If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.		

TAXPAYER INFORMATION ABOUT ABATEMENT PROCEDURE

REASONS FOR AN ABATEMENT. An abatement is a reduction in the tax assessed on your property for the fiscal year. To dispute your valuation or assessment or to correct any other billing problem or error that caused your tax bill to be higher than it should be, you must apply for an abatement.

You may apply for an abatement if your property is: 1) overvalued (assessed value is more than fair cash value on January 1 for any reason, including clerical and data processing errors or assessment of property that is non-existent or not taxable to you), 2) disproportionately assessed in comparison with other properties, 3) classified incorrectly as residential, open space, commercial or industrial real property, or 4) partially or fully exempt.

WHO MAY FILE AN APPLICATION. You may file an application if you are:

- the assessed or subsequent (acquiring title after January 1) owner of the property,
- the personal representative of the assessed owner's estate or personal representative or trustee under the assessed owner's will,
- a tenant paying rent who is obligated to pay more than one-half of the tax,
- a person owning or having an interest or possession of the property, or
- a mortgagee if the assessed owner has not applied.

In some cases, you must pay all or a portion of the tax before you can file.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the assessors on or before the date the first installment payment of the actual tax bill mailed for the fiscal year is due, unless you are a mortgagee. If so, your application must be filed during the last 10 days of the abatement application period. Actual tax bills are those issued after the tax rate is set. Applications filed for omitted, revised or reassessed taxes must be filed within 3 months of the date the bill for those taxes was mailed. THESE DEADLINES CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN ABATEMENT AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE. TO BE TIMELY FILED, YOUR APPLICATION MUST BE (1) RECEIVED BY THE ASSESSORS ON OR BEFORE THE FILING DEADLINE OR (2) MAILED BY UNITED STATES MAIL, FIRST CLASS POSTAGE PREPAID, TO THE PROPER ADDRESS OF THE ASSESSORS ON OR BEFORE THE FILING DEADLINE AS SHOWN BY A POSTMARK MADE BY THE UNITED STATES POSTAL SERVICE.

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax assessed when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an abatement is granted and you have already paid the entire year's tax as abated, you will receive a refund of any overpayment.

ASSESSORS DISPOSITION. Upon applying for an abatement, you may be asked to provide the assessors with written information about the property and permit them to inspect it. Failure to provide the information or permit an inspection within 30 days of the request may result in the loss of your appeal rights.

The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an abatement has been granted or denied.

APPEAL. You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ch. 59, § 61A return	GRANTED <input type="checkbox"/>	Assessed value	
Date sent _____	DENIED <input type="checkbox"/>	Abated value	
Date returned _____	DEEMED DENIED <input type="checkbox"/>	Adjusted value	
On-site inspection		Assessed tax	
Date _____		Abated tax	
By _____	Date voted/Deemed denied _____	Adjusted tax	
	Certificate No. _____		
	Date Cert./Notice sent _____		Board of Assessors
Data changed _____	Appeal _____		
	Date filed _____		
Valuation _____	Decision _____		
	Settlement _____	Date: _____	

**BREWSTER ASSESSING DEPARTMENT
INFORMATION REQUISITION
FISCAL YEAR 2024 RESIDENTIAL PROPERTY
ONE, TWO, THREE FAMILY HOMES AND CONDOMINIUMS**

MAP _____ PARCEL _____ ASSESSED OWNER _____

LOCATION _____ ASSESSED VALUE _____

CONTACT PERSON _____ TEL.# _____

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 Brewster Assessing Department, Town Hall, 2198 Main Street, Brewster, MA 02631, on or before 30 days after receipt of the form in order to preserve your rights. Failure to submit all requested information within 30 days could cause denial of the abatement application. Complete this form by providing all information requested. Please type or print clearly in ink.

PART ONE - GROUNDS FOR COMPLAINT: Complete all sections which apply to your abatement application.

Indicate the assessed value of the property: \$ _____

Indicate your opinion of fair cash value: \$ _____

1. OVERVALUATION: The assessment exceeds the full and fair value of the property.

A. OVERVALUATION BASED ON SALES/MARKET ACTIVITIES

At least three comparable sales/properties should be submitted

	1 st Sale	2 nd Sale	3 rd Sale
Buyer			
Seller			
Location/Address			
Map/Lot (parcel ID)			
Sales Price			
Sales Date			
Deed Reference (Book/Page, Certificate)			

B. OVERVALUATION BASED ON ASSESSED VALUES OF SIMILAR PROPERTIES

At least three comparable properties should be submitted

Location/Address	Map/Lot (parcel ID)	Assessed Value	Owner

Please attach any additional information

2. INCORRECT USAGE CLASSIFICATION: The property's use on January 1, 2022 was improperly noted on the tax bill (or improperly allocated if the property's use is for more than one purpose).

A. Indicate present classification: (from tax bill)

Class One, Residential Multiple use (indicate%)
Class Two, Open Space %Class
Class Three, Commercial %Class
Class Four, Industrial

B. Indicate class in which property should be classified:

Class One, Residential Multiple use (indicate%)
Class Two, Open Space %Class
Class Three, Commercial %Class
Class Four, Industrial

PROPERTY USE: (circle one)

Single Family Condominium

Two Family

Three Family Cooperative

PURCHASE INFORMATION: If your property was purchased within the past 2 years.

DATE OF PURCHASE: _____

TOTAL PURCHASE PRICE: _____

ANY NON-REAL ESTATE ITEMS INCLUDED IN THE SALE? ☐ YES ☐ NO

If yes, indicate items included. Attach additional sheet if necessary.

PART TWO – PHYSICAL DESCRIPTION**DESIGN:**

- ☐ Ranch ☐ 2 Family
☐ Cape ☐ 3 Family
☐ Colonial ☐ 4 Family
☐ Cottage ☐ Other _____
☐ Old Style ☐ Contemporary
☐ Split Level ☐ Raised Ranch

Check all that apply

AGE: Approximate year house built _____**STORY HEIGHT:**

Number of Stories: _____

ATTIC: ☐ Finished
 ☐ Unfinished
 ☐ None

BASEMENT:

☐ Partial/Crawl ☐ Full ☐ None
☐ Finished; % Finished/Square Feet _____

HEATING and COOLING

1. Number of Systems: _____

2. Type of Fuel: _____
(oil, gas, electric, etc.)

3. System Type: ☐ Hot Air
 ☐ Hot Water
 ☐ Electric
 ☐ Other _____
 ☐ None

4. Central Air Conditioning (Y/N) _____

EXTERIOR: Wood ☐ Vinyl ☐ Brick ☐ Stone ☐ Aluminum ☐ Other ☐ _____**FIREPLACES:** Wood burning: Yes/No __, Number ____; Gas: Yes/No __, Number ____**BUILDING CONDITION**

- ☐ Not Habitable
☐ In disrepair compared to neighborhood.
☐ Comparable to neighborhood.
☐ Better than neighborhood.

SYSTEMS CONDITION

(circle one)

Heating: Good Fair Poor

Electric: Good Fair Poor

Plumbing: Good Fair Poor

ROOMS: (Indicate Number)

_____ Living Rooms _____ Dens/Study _____ Full baths (Full bath includes sink, toilet, and shower)
 _____ Dining Rooms _____ Bedrooms _____ Partial bath (Partial bath includes sink & toilet only)
 _____ Kitchens _____ Enclosed Porches Other rooms, please describe: _____

GARAGE: ☐ Attached ☐ Detached ☐ None; Number of spaces ____; ☐ Finished Above**REHABILITATION / NEW CONSTRUCTION**

Has there been any new construction or significant rehabilitation such as a new bathroom, heating or electrical work performed on the property during the last five years? ☐ YES ☐ NO

If Yes, list each expenditure made:

YEAR REMODELED OR CONSTRUCTED	DESCRIPTION OF CONSTRUCTION OR RENOVATION	COST

DETACHED IMPROVEMNTS: List any detached structures or improvements such as sheds, barns, swimming pools, patios, etc.: _____**COMMENTS** (attach additional sheets if necessary: _____

_____**OWNER**

I, _____, certify that the information in this Requisition is true and accurate certify to the best of my knowledge.
 (print name)

Signature of Applicant

Date