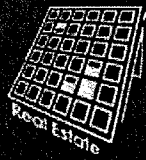


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Fax 920-731-4158
info@apraz.com

REQUEST FOR REVIEW OF PROPERTY ASSESSMENT
(For accurate review, it is essential that this questionnaire be completed fully)

Municipality: _____ Request Made By: _____

Tax Key Number: _____ Property Address: _____

Please Check: _____ Owner or _____ Other* (*If other please attach Owner's authorization for request)

201__ Assessment: Land \$ _____ Imps \$ _____ Total \$ _____

In your opinion, what is the fair market value of the property as of January 1st \$ _____

When and how was the property acquired? Month _____ Year _____

Please Check: _____ Purchase _____ Trade _____ Gift _____ Inheritance* _____ Other*

*Describe _____

If purchased, what was the total purchase price? \$ _____ Any personal property included? \$ _____

Have you or a tenant improved, remodeled, added to or changed the property since your acquiring it?
_____ No or _____ Yes, Describe changes made: _____

When were changes made? _____ Cost of changes \$ _____

Does the above figure include the value of labor, including your own, if any? _____ No or _____ Yes

Have you listed the property for sale, within the last five years? _____ No or _____ Yes (If yes, please provide a copy of the listing contract or sheet) If listed, when and for how long? _____

Realty Company Name _____ For sale by owner _____

What was the asking price? \$ _____ Offers received? _____

Has an appraisal been made of the property within the last five years? _____ No or _____ Yes (If yes, provide a copy)

Appraised Value \$ _____ If so, when and for what purpose? _____

Are there any specific items you wish to call to the assessment staff person's attention during his/her inspection of the property? _____

Is part or all of the property currently leased or rented? _____ No or _____ Yes (If yes, please provide a copy of your current rent roll and copies of your Income & Expense Statements for the past three years)

Objection to the current year assessment is made for the following reason: _____

I request a review of the assessment for the property listed above. _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____ Date: _____

After completing this form please mail or email to our office at the address above or deliver to the municipal clerk's office. A member of our staff may contact you to arrange an appointment to make an inspection of your property. This inspection enables our office to gather the necessary data to facilitate the review. Upon completion of the inspection, a review of your assessment will be conducted. You will then be notified by first class mail as to the results of your property review indicating the dates for the open book and board of review.