

City of Olean Assessor's office

P.O. Box 668

Phone: 716-376-5630

Olean, NY 14760-0668

Fax: 716 376-5671

OWNER NAME: _____

RESIDENTIAL PROPERTY

REQUEST FOR A REVIEW OF THE ASSESSED VALUE ON PROPERTY LOCATED AT:

(Please Print)

PARCEL ADDRESS: _____

TAX MAP NUMBER: _____

CURRENT TOTAL ASSESSMENT: _____

I BELIEVE THE ASSESSMENT SHOULD REFLECT A FULL MARKET VALUE OF: _____

OPINION OF VALUE SHOWN ABOVE IS BASED ON: (please complete at least one of the following)

1) SALE PRICE OF SUBJECT PROPERTY WITHIN THE LAST YEAR:

SALE PRICE: _____

DATE PURCHASED: _____

ARMS LENGTH SALE? YES ___ NO ___

LIST ANY IMPROVEMENTS MADE TO YOUR PROPERTY SINCE THE PURCHASE: _____

HOME STYLE: RANCH() RAISED RANCH () SPLIT-LEVEL () OLD STYLE ()
CAPE COD () COLONIAL () COTTAGE () BUNGALOW ()
CONTEMPORARY () OTHER ()

SQUARE FEET(using exterior dimensions): _____

YEAR BUILT: _____

LIST ANY IMPROVEMENTS MADE TO YOUR PROPERTY SINCE YOU PURCHASED IT:
(ie: remodeling & additions; kitchen, bath, interior, exterior, fireplace, decks, garages, etc.)

PROPERTY INVENTORY:

BEDROOMS: _____ BATHS: _____ ROOM COUNT: _____

CENTRAL AIR: Y/N FIREPLACE(S): _____ FINISHED BASEMENT: ___

BUILDING PERMITS PENDING:

DATE ISSUED: _____

TYPE OF CONST: _____

RECOMMENDED SUPPORTING INFORMATION:

- 1) RECENT PHOTOGRAPHS OF YOUR PROPERTY
- 2) SURVEY OF PROPERTY IF AVAILABLE
- 3) COPY OF BUILDING PERMIT(S), NEW CONSTRUCTION PLANS, ETC
- 4) COPY OF SALES CONTRACT IF PURCHASED WITHIN PAST 3 YEARS
- 5) COPY OF ANY APPRAISAL DONE ON YOUR PROPERTY WITHIN PAST 3 YEARS
- 6) COPY OF LISTING AGREEMENT IF CURRENTLY LISTED FOR SALE
- 7) ANY ADDITIONAL DATA TO SUPPORT YOUR CLAIM

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2) SALES OF 3 (OR MORE) **COMPARABLE** PROPERTIES IN THE SAME OR SIMILAR NEIGHBORHOOD WITHIN THE LAST YEAR:

PROPERTY ADDRESS #1) _____
 SALE PRICE: _____
 DATE SOLD: _____
 ARMS LENGTH SALE? YES___ NO___
 SQ FOOTAGE OF HOME: _____
 STYLE: _____
 COMMENTS: _____

PROPERTY ADDRESS #2) _____
 SALE PRICE: _____
 DATE SOLD: _____
 ARMS LENGTH SALE? YES___ NO___
 SQ FOOTAGE OF HOME: _____
 STYLE: _____
 COMMENTS: _____

PROPERTY ADDRESS #3) _____
 SALE PRICE: _____
 DATE SOLD: _____
 ARMS LENGTH SALE? YES___ NO___
 SQ FOOTAGE OF HOME: _____
 STYLE: _____
 COMMENTS: _____

AND/OR

3) OTHER: _____

(Attach additional pages if necessary)

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I SHOULD CONTACT THE ASSESSOR'S OFFICE AFTER MAY 1ST TO INSPECT THE TENTATIVE ROLL. IF THE ASSESSMENT IS NOT TO MY SATISFACTION I HAVE THE OPTION TO FILE A GRIEVANCE WITH THE BOARD OF ASSESSMENT REVIEW WHICH MEETS THE 4TH TUESDAY IN MAY. I ALSO UNDERSTAND THAT THE TENTATIVE ROLL BECOMES THE FINAL ROLL EFFECTIVE JULY 1ST, EXCEPT FOR ANY CHANGES MADE OR RATIFIED BY THE BOARD OF ASSESSMENT REVIEW AFTER GRIEVANCE DAY.

OWNER'S SIGNATURE: _____ DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____