

TOWN OF BRIDGEWATER
ASSESSING DEPARTMENT
508-697-0928

INFORMATION REQUISITION DATE SENT _____
FISCAL YEAR _____ **DATE SUBMITTED** _____
PAGE # 1 OF 4

RESIDENTIAL PROPERTY TYPE: _____ 1 FAMILY _____ 2 FAMILY _____ 3 FAMILY _____ CONDOMINIUM
 ASSESSED OWNER _____
 ASSESSED LOCATION _____
 MAP _____ LOT _____ BILL NO. _____ ASSESSED VALUE _____

GENERAL INFORMATION

This information requisition form is issued pursuant to the authority of the assessors under M.G.L. Ch. 59, S. 61A. Complete this form and return it to the Assessors Office, Town Hall, 64 Central Square, Bridgewater, MA 02324, 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. All information is confidential.

OVERVALUATION: Claims are based on 1 of 2 reasons:

- A) Based on SALES MARKET ACTIVITIES
- B) Based on ASSESSED VALUES OF SIMILAR PROPERTIES

The applicant's opinion of value is \$ _____ based on:

A) If your claim is based on SALES MARKET ACTIVITIES then fill in the following:

(Use properties with very similar characteristics to your own.)

	MAP / LOT	ADDRESS	DATE OF SALE	PRICE
1)				
2)				
3)				

B) If your claim is based on ASSESSED VALUES OF SIMILAR PROPERTIES then fill in the following:

(use properties with very similar characteristics to your own.)

	MAP / LOT	ADDRESS	ASSESSED VALUES		
			BUILDING	LAND	TOTAL
1)					
2)					
3)					

***** YOU MUST COMPLETE ALL THREE PAGES OF THIS FORM *****

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SALE INFORMATION:

Date purchased: ___/___/___ Purchase Price: \$ _____ Home [] Land Only []
Amount of first mortgage \$ _____ Amount of second mortgage \$ _____

DID YOUR PURCHASE INVOLVE ANY OF THE FOLLOWING CONDITIONS?

	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>
Were any non-real estate items included in the sale? LIST	[]	[]	[]
Was your Financing from a non-conventional source?	[]	[]	[]
Was the sale a Family Sale or sale of Partial Interest?	[]	[]	[]
Did your purchase involve a Forclosures or Bank Auction?	[]	[]	[]
Was any other property included in your purchase?	[]	[]	[]
Is your property subject to deed restrictions or easements?	[]	[]	[]
Was the interior unfinished and to be completed by the buyer at the time of sale? (Please Explain)			

List other considerations that may effect the sale price and overstate or understate the Market Value of the property.

I CERTIFY UNDER PAINS OF PERJURY THAT THE IFORMATION SUPPLIED IN THIS REQUISITION IS TRUE AND CORRECT.

Signature: _____ Date: _____

If signed by a representative of the taxpayer, attach copy of the written authorization to sign on behalf of the taxpayer.

PROPERTY CHARACTERISTICS please complete all sections which apply to your abatement application

One Family _____ Two Family _____ Three Family _____ Inlaw Apartment _____
condominium _____ vacant land _____ 4-8 units _____ Mixed use
(residential/business) _____

Latest Updating or Remodeling (year)

_____ Kitchen _____ Bath _____ Insulation _____ Electric _____ Furnace _____

Approximate Living Area: _____ Sq Ft.

of Rooms _____ Bedrooms _____ Baths (Full) _____ Baths (half) _____

Basement area: Full _____ Partial _____ %Finished _____
crawl space _____ %wet _____ %dry

Yr Built: _____ Construction Costs _____ Insured Amount _____ Contents _____

Heating System:

Oil [] Gas [] Hot Water [] Hot Air [] Steam [] Gravity [] Radiant []

Interior Finish: Plaster [] Drywall [] Hardwood [] _____% Softwood [] _____% Tile [] _____%

Interior Condition: Good [] Average [] Fair []

Comments:

Other Features: Fireplace(s) _____ Central Air [] Central Vacuum [] Intercom [] Alarm System []

Jacuzzi/Hot Tub [] Pool: Above Ground [] Inground [] Sprinkler System []

Garage(s): 1 Car [] 2 Car [] 3 Car [] Attached [] Detached [] Basement []

Utilities:

Natural Gas []

Propane []

Water: Public [] Private []

Sewer: Public [] Private []

Street: Public [] Private [] Paved [] Gravel []

CONDOMINIUM (complete only if you are the owner of a condominium)

Condominium
 Total floors of building: _____
 Floor on which unit is located: _____
 Front Middle Rear
 Unit Number: _____
 Size of unit: _____ Sq.Ft.
 Number of bedrooms in unit: _____
 Number of bathrooms in unit: _____
 Total number of rooms in unit: _____

CHECK ALL THAT APPLY

Dishwasher
 Air Conditioning
 Balcony/Porch
 Fireplace
 Swimming Pool
 Elevator in building
 Parking Available
 Deeded Parking
 Unassigned Parking
 Enclosed
 Open Lot

RENTAL AND INCOME INFORMATION

A) Number of units _____ Furnished _____ Unfurnished
 B) Owner Occupied? YES NO

C) RENTAL SCHEDULE FOR INCOME PRODUCING SPACES

UNIT #	Number of rooms	Name of Tenant	current rental rate	yearly income collected
1)	_____			
2)	_____			
3)	_____			

D) AMENITIES INCLUDED IN MONTHLY RENT

<input type="checkbox"/> AIR CONDITIONING	<input type="checkbox"/> HEAT
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> CENTRAL	<input type="checkbox"/> CENTRAL
<input type="checkbox"/> DISHWASHER	<input type="checkbox"/> HOT WATER
<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> LAUNDRY
<input type="checkbox"/> GARBAGE DISPOSAL	<input type="checkbox"/> REFRIGERATOR
<input type="checkbox"/> GAS	<input type="checkbox"/> STOVE

E) ANNUAL COST OF SERVICES

WATER & SEWER \$ _____
 LIGHT & POWER \$ _____
 HEATING \$ _____
 INSURANCE \$ _____
 REPAIRS \$ _____
 OTHER \$ _____

TOTAL COST \$ _____

ADDITIONAL INFORMATION

ADD HERE ANY ADDITIONAL INFORMATION FOR THE ASSESSORS TO CONSIDER IN REVIEWING THIS APPLICATION
