

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 (acquired 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 identification no. (map-block-lot) _____	Land area _____	Class _____
Personal: _____	Property type(s) _____		

**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 owner's administrator or executor,
- 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 board of 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 between September 20 and October 1. 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 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: _____	

TOWN OF HULL  
ASSESSING DEPARTMENT  
81-925-2205

INFORMATION REQUISITION  
F.Y. 2010

Date Sent \_\_\_\_\_

Date Submitted \_\_\_\_\_

**RESIDENTIAL PROPERTY - 1, 2, 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, Hull MA 02045, on or before 30 days after receipt of the form in order to reserve 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. Type or print clearly with ballpoint pen.

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

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: \_\_\_\_\_

) 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
)			
)			
)			

Use additional sheets as necessary.

) 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		TOTAL
		BUILDING	LAND	
)				
)				
)				

Use Additional sheets as necessary.

**PURCHASE INFORMATION:** If your property was purchased within the past two years:

DATE OF PURCHASE _____	TOTAL PURCHASE PRICE _____
OWN PAYMENT _____	FIRST MORTGAGE TERM (YRS) _____
INTEREST RATE (%) _____	ANY SPECIAL FINANCING? (Explain) _____
ANY NON-REAL ESTATE ITEMS INCLUDED IN THE SALE? _____	IF YES LIST _____

**\* YOU MUST ALSO COMPLETE THE REVERSE SIDE OF THIS FORM \*\***

I certify under pains of perjury that the information supplied in this requisition is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNED BY A REPRESENTATIVE OF THE TAXPAYER, ATTACH COPY OF THE WRITTEN AUTHORIZATION SIGNED BY THE TAXPAYER.

## PART TWO: PHYSICAL DESCRIPTION

Please indicate the NUMBER of each type of room in your home. INCLUDE any rooms intended for regular use in finished basement and finished attic areas.

<input type="checkbox"/> Bathrooms w/ 4 fixtures (A bathtub with a shower in it counts as one fixture)	<input type="checkbox"/> Family Room (not part of living room)
<input type="checkbox"/> Bathrooms w/ 3 fixtures	<input type="checkbox"/> Formal Dining Room (not dining area, dinette, or breakfast nook)
<input type="checkbox"/> Bathrooms w/ 2 fixtures	<input type="checkbox"/> Large Foyer (over 70 square feet)
DO NOT include bathrooms in total room counts.	<input type="checkbox"/> Den
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Laundry Room
<input type="checkbox"/> Kitchens	<input type="checkbox"/> Office
<input type="checkbox"/> Dining Area (not formal, not part of kitchen)	<input type="checkbox"/> Study
<input type="checkbox"/> Living Rooms	<input type="checkbox"/> Exercise Room
	<input type="checkbox"/> Library
	<input type="checkbox"/> Recreation Room
	<input type="checkbox"/> Sun Room
	<input type="checkbox"/> Apartment - In Law
	<input type="checkbox"/> Apartment - Rented
	<input type="checkbox"/> Other
	<input type="checkbox"/> Other
<input type="checkbox"/> TOTAL ROOM COUNT (DO NOT include bathrooms - DO include rooms in finished attics & basements)	

### COUNTS of Interior Plumbing Fixtures

<input type="checkbox"/> Bathtubs Standard	<input type="checkbox"/> Jacuzzi type
<input type="checkbox"/> Shower Stalls (Separate - Not in bathtub)	
<input type="checkbox"/> Toilets	
<input type="checkbox"/> Sinks (Bath and Kitchen)	
<input type="checkbox"/> Water hookups indoors (Laundry Supply, etc)	
<input type="checkbox"/> Hot Tub (indoors or outdoors)	size

### Please indicate QUANTITY of each

<input type="checkbox"/>	# of bedrooms adjoining a bathroom or sitting room
<input type="checkbox"/>	# of wood burning masonry fireplaces (working)
<input type="checkbox"/>	# of rooms with Hardwood, Stone, Ceramic Tiles or Marble floors
<input type="checkbox"/>	# of rooms with stained or varnished woodwork
<input type="checkbox"/>	# of exterior walls with 50% or more brick or stone
<input type="checkbox"/>	# of bathrooms with ceramic tile

### WALL MATERIAL (Predominant)

<input type="checkbox"/> Drywall
<input type="checkbox"/> Plaster
<input type="checkbox"/> Paneling (4x 8 sheets)
<input type="checkbox"/> Pine
<input type="checkbox"/> Plaster/antique type panels (not 4 x 8 sheets)
<input type="checkbox"/> Unfinished
<input type="checkbox"/> Other

### FLOOR MATERIAL (Predominant)

<input type="checkbox"/> W/W Carpeting
<input type="checkbox"/> Pine/Fir boards
<input type="checkbox"/> Hardwood
<input type="checkbox"/> Wide Boards (Antique)
<input type="checkbox"/> Linoleum/Vinyl Tile
<input type="checkbox"/> Ceramic Tile
<input type="checkbox"/> Concrete
<input type="checkbox"/> Stone
<input type="checkbox"/> Other

### SWIMMING POOLS

<input type="checkbox"/> Above Ground
<input type="checkbox"/> In Ground
<input type="checkbox"/> Pool Material
<input type="checkbox"/> Liner Material
<input type="checkbox"/> Pool Size
<input type="checkbox"/> Deck Area
<input type="checkbox"/> Pool Patio Area
<input type="checkbox"/> Other
<input type="checkbox"/> Other

### HEATING SYSTEM

<input type="checkbox"/> Forced Hot Air (No Air-conditioning)
<input type="checkbox"/> Floor Furnace
<input type="checkbox"/> Wall Furnace
<input type="checkbox"/> Gravity Furnace (Includes wood stoves)
<input type="checkbox"/> Floor Radiant (Hot Water)
<input type="checkbox"/> Ceiling Radiant (Hot Water)
<input type="checkbox"/> Electric Baseboard
<input type="checkbox"/> Baseboard Hot Water
<input type="checkbox"/> Radiators Hot Water/Steam
<input type="checkbox"/> Central Air Conditioning (not window units)
<input type="checkbox"/> No Heat
<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Solar

### TYPE OF FOUNDATION / BASEMENT

<input type="checkbox"/>	Full Basement Cement walls	<input type="checkbox"/> Check here if dirt floor
<input type="checkbox"/>	Crawl Space only (Cement walls)	
<input type="checkbox"/>	Slab Foundation only	
<input type="checkbox"/>	Post / Piers only	
<input type="checkbox"/>	Outside basement entrance	
<input type="checkbox"/>	Inside basement entrance	

☐ % if any, of BASEMENT with FINISHED rooms  
(family room, recreation room, bed rooms, etc.)

☐ % if any, of ATTIC with FINISHED rooms

☐ Heated ☐ Not Heated

### HEATING FUEL USED

<input type="checkbox"/> Oil
<input type="checkbox"/> Gas
<input type="checkbox"/> Electric
<input type="checkbox"/> Solar Assisted

### TYPE OF WINDOWS

<input type="checkbox"/> Thermal Pane
<input type="checkbox"/> Single Pane
<input type="checkbox"/> Storm Windows

### INSULATION

<input type="checkbox"/> Well Insulated
<input type="checkbox"/> Poorly Insulated
<input type="checkbox"/> No Insulation

### GENERAL CONDITION

GOOD AVG. FAIR POOR

Foundation				
Roofing				
Siding				
Windows				
Floors				
Walls				
Ceilings				
Heating System				
Electrical System				
Plumbing System				

## PART THREE: RENTAL INFORMATION

Fill in if you rent any portion of the property.

Number of Rooms	Tenant Name	Monthly Rent	Furnished or Unfurnished	Months Vacant
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PLEASE USE ADDITIONAL SHEETS AS NECESSARY FOR COMMENTS THAT AFFECT THE FAIR MARKET VALUE OF YOUR PROPERTY