

FISCAL YEAR 2016

The Commonwealth of Massachusetts
Harwich Board of Assessors
732 Main St, Harwich MA 02645
508-430-7503
FAX 508-430-7086

APPLICATION FOR ABATEMENT OF REAL ESTATE TAX

Must be filed with the Board of Assessors not later than due date of first actual (not preliminary) tax payment for fiscal year.
File separate application for each parcel of real estate.

Record Owner(s) Map/Parcel Bill #

Name of Applicant (if other than record owner) Tel#

Mailing Address (if different than tax bill)

The above-named person aggrieved by the Real Estate Tax on property described below hereby applies for an abatement on assessed valuation of \$

Location and Description of Property Number and Street, Lot and Area of Land. Description must be sufficiently accurate to identify the premises.

Property acquired How From \$
Year Private sale, auction, foreclosure, etc Name Full consideration

Building constructed Type \$
Date Wood, brick steel, etc Cost

Alterations or improvements Date Character/type \$ Cost

OPTIONAL INFORMATION:

Square feet of area covered by building Number of stories

If the applicant is not the person assessed, what is the applicant's interest in the property?

Specify Interest When was such interest acquired?

Is property mortgaged? If the answer is "yes", complete the following schedule:
Yes or No

Table with 5 columns: 1ST, DATE OF MORTGAGE, RECORDED OR REGISTERED BOOK, PAGE NO, NAME & ADDRESS OF HOLDER OF MORTGAGE, AMOUNT OF MORTGAGE. Includes a 2ND row.

Has any mortgage been foreclosed? If yes, amount of foreclosure, if any \$
If yes, give particulars:

Is property leased or rented? Partly or entirely? Term of lease Date Expires
Name of lessee How used by lessee
Gross Amount \$ Net Amount \$

If not fully rented, state vacancies during year
Amount of Gross Annual Rental when Fully Rented \$ Gross Income \$
Expenses \$ Net Income \$

Itemized List of Total Expenses for 12 months preceding January 1, (A supplementary schedule may be required)
Insurance \$ Utilities \$
Repairs \$ Wages \$
Heat \$ Miscellaneous (explain in detail) \$
Taxes \$ TOTAL \$

REQUIRED INFORMATION:

Complete statement of reasons for this application and include additional information as needed (include contentions of law, if any):

Tax Assessed \$ _____ Amount Paid \$ _____

Tax paid by _____ on _____

**FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX.
IT SHOULD BE PAID AS ASSESSED.
REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.**

SUBSCRIBED THIS _____ DAY OF _____, 20 __, UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT _____

THIS SPACE FOR ASSESSORS ONLY

KEY# _____ MAP/PACEL _____ PK FILE # F2016- _____

BILL # _____ PK CERTIFICATE R2016- _____ MUNIS # _____

ABATEMENT DENIED _____

ABATEMENT ALLOWED \$ _____ for Fiscal year ending June 30, 2016

HARWICH BOARD OF ASSESSORS

BOA DATE _____

PK ENTRY DATE _____

MUNIS ENTRY DATE _____

ORIGINAL VALUE _____ ABATED VALUE _____ ADJUSTED VALUE _____

ORIGINAL TAX _____ ABATED TAX _____ ADJUSTED TAX _____