

INFORMATION REQUISITION – Form 61A
FISCAL YEAR - 2012

Date Submitted: _____

RESIDENTIAL PROPERTY – 1, 2, or 3 FAMILY, CONDOMINIUM

ASSESSED OWNER: _____

ASSESSED LOCATION: _____

MAP _____ BLOCK _____ LOT _____ BILL NO. _____ CURRENT 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, Groton Town Hall, 173 Main Street, Groton, MA 01450, 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. Type or print clearly with a ball point 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: _____

A) If your claim is based on SALES MARKET ACTIVITIES then fill in the following:
(Use properties with very similar characteristics to your own.)

	<u>MAP/BLOCK/LOT</u>	<u>ADDRESS</u>	<u>DATE OF SALE</u>	<u>PRICE</u>
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.)

	<u>MAP/BLOCK/LOT</u>	<u>ADDRESS</u>	<u>ASSESSED VALUES</u>		
			<u>BUILDING</u>	<u>LAND</u>	<u>TOTAL</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

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

DATE OF PURCHASE: _____ TOTAL PURCHASE PRICE _____

DOWN 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:** _____

IF SIGNED BY A REPRESENTATIVE OF THE TAXPAYER, ATTACH COPY OF THE WRITTEN AUTHORIZATION SIGNED BY THE TAXPAYER.

PART TWO: PHYSICAL DESCRIPTION

___ 1 ___ 2 ___ 3-FAMILY HOME ___ CONDOMINIUM ___ OTHER _____
 IF CONDO, NUMBER OF DEEDED PARKING SPACES _____

ROOM COUNT (indicate number) include all finished rooms in main living area, basement, and/or attic:

___ Bathroom – 4 Fixtures ___ Bedrooms ___ Dining Rooms
 ___ Bathroom – 3 Fixtures ___ Kitchens ___ Family Rooms
 ___ Bathroom – 2 Fixtures (1/2 Bath) ___ Living Rooms ___ Den/Study
 ___ Other _____
 ___ **TOTAL ROOMS** (INCLUDE Finished rooms in the basement and attic. DO NOT INCLUDE bathrooms!)

INDICATE TOTAL COUNT OF:

___ Bathtubs ___ Shower Stalls ___ Toilets ___ Sinks (including kitchen)
 ___ Jacuzzi ___ Hot Tub ___ Outdoor Shower ___ Laundry Water Supply

INDICATE YEAR: _____ Kitchen last remodeled _____ Bathroom last remodeled

BASEMENT:

___ NONE
 ___ Less than Half
 ___ Full
 ___ Unfinished
 ___ % Finished
 ___ No. of Finished Rooms

ATTIC:

___ NONE
 ___ Unfinished
 ___ No. of Finished Rooms

NUMBER OF FIREPLACES: _____

STYLE:

___ Antique
 ___ Bungalow
 ___ Cape
 ___ Colonial
 ___ Condominium:
 ___ End
 ___ Middle
 ___ Contemporary
 ___ Duplex
 ___ Ranch
 ___ Victorian
 ___ Other: _____

HEATING AND COOLING:

___ Number of Systems
SYSTEM TYPE:
 ___ Hot Air Forced
 ___ Hot Air Gravity
 ___ Hot Water Forced
 ___ Floor Furnace
 ___ Steam (radiators)
 ___ Baseboard (electric)
 ___ Heat Pump
 ___ Wall Unit
 ___ No Heat
 ___ Central Air
 ___ Other _____

FUEL:

___ Oil
 ___ Gas
 ___ Electricity

SYSTEMS: GENERAL CONDITION

Heat ___ GOOD ___ FAIR ___ POOR
 Electricity ___ GOOD ___ FAIR ___ POOR
 Plumbing ___ GOOD ___ FAIR ___ POOR
 Roofing ___ GOOD ___ FAIR ___ POOR

INTERIOR STRUCTURE CONDITION:

___ Better Than Neighborhood
 ___ Comparable With Neighborhood
 ___ Needs Minor Repair Compared to Neighborhood
 ___ In Disrepair Compared to Neighborhood
 ___ Not Habitable

RECENT IMPROVEMENTS: If there has been any rehabilitation such as new bathroom, porch enclosed, electrical work, etc.(during the last 5 years), please list each project.

PROJECT	YEAR DONE	COST

PART THREE: RENTAL INFORMATION (IF YOU RENT ANY PORTION OF THE PROPERTY, PLEASE FILL IN)

No. of Rooms Tenant Monthly Rent Furnished or Unfurnished Months Vacant

