

APPLICATION FOR ABATEMENT OF PROPERTY TAX

In accordance with RI General Laws **44-5-26(b)**

For appeals to the Tax Assessor, this form must be filed with the local office of Tax Assessment within 90 days from the date the first tax payment is due. For appeals to the local Board of review, we will forward a form to you which must then be filed with the Assessor's office not more than 30 days after the Assessor renders a decision, or if the Assessor does not render a decision within 45 days of the filing of the appeal, not more than 90 days after the expiration of the 45 days period. **No applications will be accepted after 12/4/2025.**

Date Received

PLEASE READ THE INSTRUCTIONS IN THEIR ENTIRETY AS THIS FORM HAS BEEN UPDATED FROM PREVIOUS VERSIONS.

Please check boxes for required items **BEFORE** submitting your Appeal

- Copy of tax bill
- All sections filled out **completely**
- Signed & notarized
- 3 **ADDITIONAL** Copies attached (**Total of 4 with Original**)

DO NOT USE STAPLES

INCOMPLETE/ILLEGIBLE PACKAGES MAY RESULT IN YOUR APPEAL BEING RETURNED TO YOU FOR COMPLETION (The December 4th Deadline will NOT be extended)

- 1. A. Full Name of Tax Payer
- B. Name and Status of Applicant-(If Other than Assessed Owner)
- C. Mailing address-Where you would like **ALL** correspondence mailed in regards to this appeal, **valid** telephone # & **valid** email address in case we need to contact you with pertinent information-**MAILINGS WILL BE BY CERTIFIED MAIL**
- D. Assessed Value 12/31/2024 Tax Assessment (Found on your CURRENT tax bill)

1. TAX PAYER INFORMATION

- A. Name(s) of Assessed Owner _____
- B. Name(s) and Status of Applicant _____
 Subsequent Owner (Acquired Title after December 31, 2024) Administrative/Executor Lessee other _____
- C. Mailing Address _____
Telephone Number _____ Email _____ @ _____
- D. Assessed Value (12/31/2024) \$ _____

- 2. A. Parcel ID for Real Estate or PPID for Tangible accounts
Plat and Lot are located on the **tax bill** on the same line as the property address. You may also find this info online at <https://data.nereval.com> **Tangible Accounts will use the PPID (personal property ID # listed on the bill)**
Check one for Residential or Commercial property (**Tangible accounts please check Commercial**)
Type: Choose One type only per appeal
- B. Location-Legal property address as shown on your tax bill
- C. Check if the Property is a Real Estate or Tangible Account
Date you acquired the property (**Real Estate Only**)
Purchase Price-The amount YOU paid for the property (**Real Estate Only**)
Total Cost of any improvements made (**If Applicable**) (**Real Estate Only**)
Amount of Fire Insurance (**Real Estate Only**)

2. PROPERTY IDENTIFICATION (Most of this information can found on your tax bill) and <https://data.nereval.com>

- A. Parcel ID Plat _____ Lot _____ Tangible PPID # _____ Residential
- B. Location _____ Newport, RI 02840 Commercial
- C. Real Estate Tangible Date Property Acquired _____ Purchase Price \$ _____
Total cost of Any Improvements \$ _____ Amount of Fire Insurance on Building \$ _____

Please continue application on back page 

3. CAN NOT USE ANY SALES THAT OCCUR AFTER THE LAST REVALUATION (12/31/2023)

Check the reason for seeking abatement

Enter YOUR opinion of value, a description as to why you feel your assessment is incorrect and proof to support your claim

3. REASON(S) ABATEMENT SOUGHT

Check reason and a description (please attach additional sheets if necessary)

<input type="checkbox"/> Overvaluation	<input type="checkbox"/> Incorrect Usage Classification	Applicant's Opinion of Value
<input type="checkbox"/> Disproportionate Assessment	<input type="checkbox"/> Other (Specify)	\$ _____

4. Per Rhode Island General Laws **44-5-15**- True & Exact Account-Answer **Yes** OR **No** This is a complete listing of personal property and or real estate owned by you, filed by you as of December 31, 2024 and filed with this office between January 1-January 31, 2025.

Our Office has a list of filings and will verify this information (please refrain from checking yes if you did not file).

4. **Have you filed a True & Exact account this year with the City Assessor?** YES NO

5. Comparable properties that you think support your claim (attach additional sheets if necessary)

5. COMPARABLE PROPERTIES THAT SUPPORT YOUR CLAIM

ADDRESS	SALE PRICE	SALE DATE	PROPERTY TYPE	ASSESSED VALUE

6. Signature of Applicant _____ Date _____

Signature of Authorized Agent _____ Date _____

If Applicable (**ALL Authorized Agents need a signed notice from the Owner authorizing them to represent the OWNER**)



THIS DOCUMENT MUST BE NOTARIZED IF NOT SIGNED IN FRONT A TAX ASSESSOR OFFICE STAFF MEMBER

State of _____ In _____, in said County and State on the _____ day of _____, 20____

County of _____ before me personally appeared _____ to me known and by me to be

the person executing the foregoing instrument and they acknowledged said act to be their free act and deed, before me

_____ My Commission expires: _____

Notary Public

COMPLETED PACKAGES WILL HAVE 1 ORIGINAL PACKET AND ANY ACCOMPANYING PROOF ALONG WITH 3 ADDITIONAL COPIES (FOR A TOTAL OF 4) WHICH WILL BE SUBMITTED TO THE BOARD OF TAX APPEALS.

IF YOU WILL NOT BE ATTENDING THE MEETING OR INTEND TO SEND SOMEONE IN YOUR PLACE PLEASE MAIL OR DROP OFF A STATEMENT TO THE TAX ASSESSOR'S OFFICE TO THAT FACT ADDRESSED TO: THE BOARD OF TAX APPEALS 43 BROADWAY, NEWPORT RI 02840.

It is NOT the job of the Tax Assessor's Office to review your documentation to ensure you have all the evidence you need. We review your application for correct account/owner/property information, signatures and if you have supplied the appropriate number of copies. You can **NOT** add to your package once it is received in this office. You may bring supporting documentation to your meeting with the Board's **permission**. We are also unable to make copies on your behalf. Please make a copy for your records prior to submission of your original & 3 copies.