

City of Auburn, Maine

Board of Assessment Review 60 Court Street | Auburn, Maine 04210

APPLICATION FOR PROPERTY TAX APPEAL

| Required: An abatement application must have been filed and denied by the Assessor prior to filing a property tax appeal with the Board of Assessment Review. | |
|---|---|
| Date: | |
| To the Board of Assessment Review: In accordance with the provisions of 36 M.R.S make written application for an appeal of the assessed value of the property noted | • |
| Please Print | |
| Taxpayer requesting the abatement | |
| Legal Owner of Property as of April 1 | |
| Mailing Address | |
| Telephone # | |
| Email Address | |
| Authorized Representative | |
| Mailing Address | |
| Telephone # | |
| Email Address | - |
| Tax year for abatement request | |
| Date of Assessor's decision on previous abatement request | |

Property Information for which abatement is requested: Address of Property_____ Tax map_____ Lot____ Assessed value: Land______ Building_____ Total_____ Owner's opinion of value_____ Requested abatement amount_____ Was there an abatement previously granted? Amount of abatement The Maine Supreme Court has held in tax abatement cases, a town's assessment is presumed valid and that in order to prevail, a taxpayer must prove it is "manifestly wrong". In order to do this the taxpayer must prove one of three things: 1) the judgement of the Assessor was irrational or so unreasonable in light of the circumstances that the property is *substantially* overvalued and an injustice results; 2) that there was unjust discrimination; or 3) the assessment is fraudulent, dishonest or illegal. Only when one of these three things is proven, is the assessment manifestly wrong. Reason for seeking an abatement: State the specific grounds for your belief the assessment is "manifestly wrong". Attach extra pages as necessary.

| In accordance with the provisions of M.R.S.A. 36 Section 841, I hereby make written application for | | |
|---|---|--|
| abatement of property tax for the | e reasons stated above. The statements are correct to the best of my | |
| knowledge and belief. | | |
| Date: | Print Name | |
| Signature | | |
| Applicant shall submit 10 copies Assessment Review c/o the Asse Office no later than 14 days prio | the receipt of the completed application, set a hearing date. The of the application and any supporting documentation to the Board of sing Department. Documents must be submitted to the Assessing to the hearing date. Additional material will not be accepted either by the hearing. The Board will timely notify you of the hearing. | |
| Appeal packets may be mailed to | : : | |
| Board of Assessment Review | | |
| C/o Assessing Department | | |
| 60 Court Street Auburn, Me 04210 | | |
| Appeal Packets may also be subr | uitted via email to: | |

kscammon@auburnmaine.gov.