

INFORMAL ASSESSMENT REVIEW FORM
December 31, 2024 Revaluation – City of Warwick, RI
Vision Government Solutions, Inc.

We ask that you please take a few minutes to complete this form to help us understand your concerns. You may attach any additional documentation that you want considered, but NO VERBAL comments will be considered. All of your concerns MUST be noted on this form to be given any consideration.

Don't worry If you aren't prepared to answer these questions today, you may supplement your responses in the next 10 days (via mail, e-mail, or in person to the Assessor's Office). Your concerns will be reviewed over the next few weeks and a decision notice will be sent to you after our review has been completed. **No decisions will be made during the valuation review meetings for any property owner.** If you have more than one parcel, a separate form must be completed for each property – No exceptions. If needed, you can reference the information that you provided on the form for the main parcel, on any associated parcels that may have a similar issue. Any documentation that you don't have with you today can be mailed, emailed to the Assessor's Office, or brought into the Assessor's Office within the next 10 days (extensions may be granted by the Assessor if additional time is required).

Property Location: _____ Parcel ID Number: _____

Owner: _____ Phone Number: _____

Please answer questions 1 through 6 to request a review of your proposed tax assessment:

1. What was the market value of this property as of December 31, 2024 in your opinion? _____
2. Have you had an appraisal or comparative market analysis conducted for this property after 1/1/2024? _____
 - a. If yes, please provide a copy of the entire document. (Verbal quotes or letters will not be considered).
3. Have you attempted to sell the above noted property after 1/1/2024? _____
 - a. If yes, please provide copies of the initial listing documents and include any documented price changes.
4. Please note any repairs that need to be done to your property on the back of this form.
 - a. Please attach contractor repair estimates (if available).
5. Please list any comparable sales that you want considered on the back of this form. Be sure to include the address of the property, the date of sale, and sale price at a minimum.
6. Please note any negative factors regarding the location of your property on the back of this form.

If you do not believe that your property is equitably assessed with other similar property, please also answer:

7. Please list properties that you are using as comparisons on the back of this form. Comparisons should be **the same** style and be as similar to your property in terms of location, size (land & building), year built, condition and amenities.
8. Please note any other items that you want considered on the back of this form.

Signature

E-Mail Address

Printed Name

Item 5. Please note the need for any repairs to be done for this property:

Item 6. Please list any comparable sales that you want considered:

<u>Property Address</u>	<u>Date of Sale</u>	<u>Sales Price</u>	<u>House Style</u>
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Item 7. Please note any negative factors with the location of your property that you want considered:

Item 8. Please list properties that you feel are not equitably assessed in relationship to your assessment:

Item 9. Please note any other comments that you want considered:

(Please note: Percentage changes from a prior assessment, or tax amounts are not valid reasons to appeal)
