



APPLICATION FOR ABATEMENT OF PROPERTY ASSESSMENT TOWN OF GRAY MAINE

For Office Use Only
Date Received: _____
Received by: _____

**TITLE 36 M.R.S.A. § 841
DEADLINE FOR FILING IS 185 DAYS FROM COMMITMENT DATE**

CONTACT INFORMATION

| | | | |
|----------------|--|----------------|--|
| Name | | E-Mail Address | |
| Street Address | | City/State/Zip | |
| Phone Number | | Work Phone | |

PROPERTY

| | | | |
|----------------------|---|-----------|-----------------------|
| Location of Property | # | Road Name | |
| Tax Map # | | Lot # | _____ - _____ - _____ |

Tax assessment being appealed as of April 1, _____

| | | |
|----------------------------|-----------|----|
| Current Assessed Valuation | Land | |
| | Buildings | |
| | Total | |
| Abatement amount requested | | \$ |

Please describe any and all evidence or proof you have that will support a change in value. Your reasons for requesting abatement; please be specific, stating grounds for belief that property is overvalued for tax purposes. Please use additional pages as necessary.

SIGNATURE

I UNDERSTAND and AGREE that pursuant to 36 M.R.S.A. §706 the assessor may ask questions and/or request additional information and I shall answer such questions in writing and provide the necessary information. Please be advised you shall be required to provide the following:

1. A copy of your current insurance rider that indicates the replacement cost of all structures.
2. A copy of any and all real estate appraisals within the last 5 years.
3. Commercial Properties - revenue and expense data along with vacancy and collection loss data for the previous three years plus copies of all lease agreements.

To the Assessor of the Town of Gray, Maine: In accordance with the provisions of M.R.S.A. Title 36 §841, I hereby make written application for abatement and certify that the above statements are correct and true to the best of my knowledge and beliefs. I further understand that failure to answer the assessor's questions in writing and/or to provide the assessor with additional information as requested shall bar me from appealing the assessor's decision.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|