



**BROOKLINE ASSESSING DEPARTMENT  
 INFORMATION REQUISITION FORM  
 ONE, TWO AND THREE FAMILY PROPERTIES  
 FISCAL YEAR 2021**

Assessors Use Only

PARCEL ID	ASSESSED OWNER	
PROPERTY LOCATION		ASSESSED VALUE
CONTACT NAME	CONTACT PHONE #1	EMAIL
MAILING ADDRESS		

**GENERAL INFORMATION**

This information requisition form is issued pursuant to the authority granted assessors under M.G.L. Chapter 59, Sec. 61A. Please complete this form and mail it to: Board of Assessors, 333 Washington St. Brookline, MA 02445. Or hand deliver to the Assessing Department, 2nd Floor, Town Hall. Please complete, sign, and return the form within 30-days in order to preserve your appeal rights. Please print clearly. For questions, call the Assessor's Office at (617) 730-2060 or or email assessors@brooklinema.gov.

**PART ONE - GROUNDS FOR COMPLAINT**

**A. OVERVALUATION** The assessment exceeds the full and fair cash value of the property.

1. Indicate the assessed value of the property: \$ \_\_\_\_\_
2. Indicate **your opinion** of the **value**: \$ \_\_\_\_\_
3. Complete the comparable table below for five properties **in your area**

	YOUR PROPERTY	COMPARABLE 1	COMPARABLE 2	COMPARABLE 3	COMPARABLE 4	COMPARABLE 5
PARCEL ID						
ADDRESS						
VALUATION						
LAND AREA						
TOTAL FIN AREA						
FINISHED BASEMENT						
STORY HEIGHT						
BDLG STYLE						
AIR COND						
FIREPLACES						
YEAR BUILT						
ROOMS/BEDRM						
FULL/HALF BATHS						
BATH QUALITY						
KITCHEN QUALITY						
CONDITION						
GRADE						
BASEMENT GARAGE SPCS						
ATT / DET GARAGE AREA						

**B. COMPARABLE SALES** If you believe the assessment is incorrect based on sales of similar properties Complete the table below for five comparable properties **near you that have sold in the past two years.**

	YOUR PROPERTY	SALE 1	SALE 2	SALE 3	SALE 4	SALE 5
PARCEL ID						
ADDRESS						
SALE PRICE						
SALE DATE						
LAND AREA						
TOTAL FIN AREA						
FIN BASEMENT						
STORY HEIGHT						
BDLG STYLE						
AIR COND						
FIREPLACES						
YEAR BUILT						
ROOMS/BEDRM						
FULL/HALF BATHS						
BATH QUAL						
KITCHEN QUAL						
CONDITION						
GRADE						
BASEMENT GARAGE SPCS						
ATT / DET GARAGE AREA						

**PART TWO: REHABILITATION / NEW CONSTRUCTION**

If there has been any new construction or significant rehabilitation such as new kitchens, new baths, heating, or electrical work in the last 3-years, please list below.

YEAR	DESCRIPTION OF CONSTRUCTION OR RENOVATION	COST	COMPLETED?

**PART THREE: PURCHASE INFORMATION**

If your property was purchased in the past 3-years, please supply the following:

DATE OF SALE _____	AMOUNT	RATE (%)	TERM (YEARS)
PURCHASE PRICE \$ _____	1ST MORTGAGE		
DOWN PAYMENT \$ _____	2ND MORTGAGE		

**SIGNATURE:** I certify under the pains and penalties of perjury, that I am either the owner of the property or the authorized representative of the owner and that all information supplied in this requisition is, to the best of my knowledge, true and correct.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
IF NOT OWNER, PRINT OR TYPE NAME HERE