



**BROOKLINE ASSESSING DEPARTMENT
 INFORMATION REQUISITION FORM
 RESIDENTIAL CONDOMINIUMS
 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 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 table below for five units **in your complex or nearest you** that you believe are comparable to your unit.

	PARCEL ID	ADDRESS (UNIT #)	ASSESSED VALUE	BLDG STYLE	CDU	LIVING AREA	FLOOR	ROOMS /BEDS	BATH QUAL	KITCH QUAL	FULL BATH	HALF BATH	FIRE PLCS	# PARK SPCS	PARK TYPE*
YOUR UNIT															
COMP A															
COMP B															
COMP C															
COMP D															
COMP E															

* Park Type is "O" for Open, "C" for Covered, or "G" for Garage

The data above can be found in property characteristics books in our office or online at WWW.BROOKLINEMA.GOV/ASSESSORS

CONTINUED ON THE NEXT PAGE

B. SALES COMPARISON

The assessment is incorrect based on sales of similar properties.

Complete the table below for comparable units **in your complex or nearest you** that have **sold in the last two years**.

	PARCEL ID	ADDRESS	DATE SALE (MM/YY)	SALE PRICE	BLDG STYLE	CDU	LIVING AREA	FLOOR	ROOMS /BEDS	BATH QUAL	KITCH QUAL	FULL BATH	HALF BATH	FIRE PLCS	# PARK SPCS	PARK TYPE*
SALE 1																
SALE 2																
SALE 3																
SALE 4																
SALE 5																

* Park Type is "O" for Open, "C" for Covered, or "G" for Garage

The data above can be found in property characteristics books in our office or online at WWW.BROOKLINEMA.GOV/ASSESSORS

REHABILITATION / NEW CONSTRUCTION

If there has been any new construction or significant rehabilitation such as new kitchens, new baths, heating or electrical work performed on the property in the last 5-years, please list below.

YEAR	DESCRIPTION OF CONSTRUCTION OR RENOVATION	COST	COMPLETED?

PURCHASE INFORMATION: If your property was purchased in the past three years, please supply the following:

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

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 _____