



**TOWN OF RAMAPO**  
237 Route 59  
Suffern, New York 10901  
(845) 357-5100 Fax: (845) 369-6945

**Notice: This application must be filed in the Assessor's Office on or before - but not later - than March 15<sup>th</sup>**

**REQUEST FOR ASSESSMENT REVIEW  
(ASSESSMENT YEAR 2024)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

a. Are you the homeowner? Yes  No

If No, please state your name and relationship: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Village: \_\_\_\_\_

Property Address \_\_\_\_\_

Contact Phone (Day): \_\_\_\_\_

Contact Phone (Eve): \_\_\_\_\_ Contact email: \_\_\_\_\_ @ \_\_\_\_\_

**This informal request for appraisal review is your opportunity to have your property assessment reviewed prior to the 2024 established assessment roll.** Your comparables should be recent sales that exhibit similar amenities as your property. Note that the valuation date, which is the date established for the assessment cycle, is **July 1<sup>st</sup> 2023**. The information that is requested by the following check boxes will greatly assist our office.

Check those that apply:

- Property has been recently purchased: **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_
  - Property has been listed for sale: **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_
  - Property has been recently appraised: **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_
  - Property has recent Broker price opinion or CMA: **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_
  - Recently sold properties that support your value estimate. *(The typical appraisal indicates three sales)*
- Address of Comparable Property:
- 1) \_\_\_\_\_ **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_
  - 2) \_\_\_\_\_ **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_
  - 3) \_\_\_\_\_ **Price:** \_\_\_\_\_ **Date** \_\_\_\_\_

I have attached recently sold properties similar to mine. **I am aware that for the 2024 Assessment Roll, the Grievance Period for this year is May 1<sup>st</sup> through Tuesday, May 28, 2024.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PLEASE NOTE\***  
**IF YOU DO NOT HEAR FROM THIS OFFICE BY MAY 1<sup>ST</sup>, PLEASE REMEMBER IT IS YOUR RESPONSIBILITY TO FILE A GRIEVANCE COMPLAINT FORM (RP-524) BEGINNING MAY 1 AND ENDING THE 4<sup>TH</sup> TUESDAY IN MAY OF ANY GIVEN YEAR.**