

**Board of Assessors**

**334 Nahant Road, Nahant, MA 01908**

*Tel. 781-581-0212, Fax 781-581-9849, email: shambleton@nahant.org*

**INFORMATIONAL REQUISITION  
RESIDENTIAL PROPERTY- class 1  
FISCAL YEAR 2012**

Assessed Owner: \_\_\_\_\_  
Property Location: \_\_\_\_\_ Map/Block/Lot: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Tel# \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**GENERAL INFORMATION**

This information is requested pursuant to Massachusetts General Laws Chapter 59, Section 61A. This form must be completed and returned to the Board of Assessors, Town Hall, Nahant, MA 01908 within thirty (30) days in order to preserve your right of further appeal. Once this information is on file with us, a hearing will be scheduled with the Board of Assessors to discuss your abatement application.

**GROUNDS FOR APPEAL**

Complete only the sections that apply to your abatement request

**A. OVERVALUATION**

1. Your opinion of the fair cash value as of January 1, (year), \$ \_\_\_\_\_

2. List the following information for at least three and as many as five properties to support your claim.

| MAP/LOT/BLOCK | ADDRESS | SALES DATE | SALES PRICE |
|---------------|---------|------------|-------------|
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |

**B. DISPROPORTIONATE ASSESSMENT**

List the following information for properties you believe are comparable to your property

| MAP/LOT/BLOCK | ADDRESS | SALES DATE | SALES PRICE |
|---------------|---------|------------|-------------|
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |
| 1. _____      | _____   | _____      | \$ _____    |

**C. OTHER CONTENTIONS**

If you wish to raise any other contentions, please attach your statement and additional information. Indicate if an attachment is included with this form on the line below

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If signed by a representative for the taxpayer, attach a copy of the written authorization to sign on behalf of the taxpayer.*