

TOWN OF BRUNSWICK
APPLICATION TO BOARD OF ASSESSMENT REVIEW
FOR ABATEMENT OF PERSONAL PROPERTY TAXES
(Pursuant to Title 36, M.R.S.A. Section 843)

1. Name of Taxpayer (Applicant): _____

Applicant is Owner of Record: Yes _____ No _____

2. Mailing Address of Applicant: _____

3. Email: _____ Phone Number(s): _____

4. Attorney or Authorized Agent, if any (provide written authorization):

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

5. Address of Property: _____

Personal Property Account Number: _____

6. Tax Year for which Abatement is Requested: April 1, 20_____

7. Assessed Value of Personal Property: _____

8. Owner's opinion of Current Value of Personal Property: _____

9. What Evidence can you provide to support your opinion of Current Value of Personal Property? _____

10. Amount of Any Partial Abatement Previously Granted by the Assessor: _____

Provide a Brief Statement of Prior Proceedings with the Assessor Concerning the Appealed Assessment (use attachment if necessary): _____

11. State Specific Grounds for Appeal of Abatement Denial (use attachment if necessary):

12. Types of Expert Witnesses Expected to Testify on Your Behalf at Appeal Hearing: _____

13. Estimated Time Needed for Presentation of Proof at Hearing: _____
14. Known Dates within the next 60 days that You, Your Attorney, or Your Expert Witnesses Are Not Available: _____
15. I Grant Permission for a Site Visit by the Board of Assessment Review, Including Interior Walk-through of Buildings at a Mutually Agreed Upon Time: YES _____ NO _____

Applicant and the Town of Brunswick will receive notification of the publicly scheduled hearing date and any scheduled site visit. It may be mutually agreed in writing to schedule a date beyond the 60 days when additional time is reasonably necessary. Applicant must email **one electronic copy** or submit **SEVEN (7) paper copies** (original plus 6 copies) of the Application and all Documentation available to support the claim. Label documents with exhibit names / numbers. Applicant **MUST** email or submit any additional documentation at least **ten (10) business days prior to the hearing date**. Please refer to the Town of Brunswick Board of Assessment Review Appeal Regulations for further information.

To the BRUNSWICK BOARD OF ASSESSMENT REVIEW: In accordance with the provisions of Title 36, M.R.S.A. Section 843, I hereby make written application for an appeal of the assessed value of the property as noted above. All the above statements are correct to the best of my knowledge and belief.

Date

Signature of Applicant

THIS APPLICATION MUST BE SIGNED