



TOWN OF BRUNSWICK  
ASSESSOR'S OFFICE  
85 UNION STREET  
BRUNSWICK, ME 04011

Letter Type: 2025 Revaluation Notice  
Letter Date: October 14, 2024  
TAXPAYER ASSISTANCE: (207) 725-6650  
Website: [www.brunswickme.gov/revaluation](http://www.brunswickme.gov/revaluation)

OWNER NAME

MAILING ADDRESS

CITY, STATE ZIP

Parcel ID:

Location:

Building #:

### 2025 REVALUATION DATA VERIFICATION FORM

The Town of Brunswick is in the process of completing the 2025 Revaluation. As part of the process, the Town has compiled information about the property listed above from existing Town records. This information will be utilized during the valuation phase of this project. The Town is requesting that you review the information listed below and make any necessary corrections. Corrections, if any, should be made **on this form** and returned using the return postage paid envelope provided.

### INSTRUCTIONS

1. Review your property information listed below and verify that all the information is correct.
2. If corrections are necessary, cross out the incorrect data and provide the correct information.
3. Sign and return the completed form using the return postage paid envelope provided.

Changes will not be made via telephone as a signed form is required.

#### (STEP 1 & 2 – VERIFY & CORRECT)

Building Use: Single Family	AC: None
Style: Ranch	Bedrooms: 3 Bedrooms
*Living Area: 1346	**Full Baths: 2
Year Built: 2023	Half Baths: 0
Roof Cover: Asphalt Shingle	Interior Wall: Drywall/Sheet,
Exterior Wall: Above Average,	Interior Floor: Hardwood,
Heat Type: Forced Hot Water	Fireplaces: 1
Heat Fuel: Oil/Gas	Land Acres: 0.58

*\*Buildings are measured from the exterior. Review your sketch online: [www.brunswickme.gov/PropertyCards](http://www.brunswickme.gov/PropertyCards)*

*\*\*Full Baths include a tub and/or shower*

☐ NO CHANGES ☐ CHANGES REQUESTED

#### (STEP 3 – SIGN)

– If you are returning this mailer with corrections, be sure to include a phone number or email as we may need to contact you for clarifications.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

**RETURN TO THE ASSESSOR'S OFFICE BY DECEMBER 2, 2024**