

**City of Olean Assessor's office
P.O. Box 668**

Phone: 716-376-5630

Olean, NY 14760-0668

Fax: 716 376-5671

**COMMERCIAL PROPERTY
REQUEST FOR A REVIEW OF THE ASSESSED VALUE
(please print)**

Owner Name: _____

Phone: _____

Mailing Address: _____

Email: _____

PARCEL ADDRESS: _____

TAX MAP NUMBER: _____

PROPERTY CLASS CODE: _____

CURRENT TOTAL VALUE: _____

I BELIEVE THE ASSESSMENT SHOULD REFLECT A **FULL MARKET VALUE** OF: _____

OPINION OF VALUE SHOWN ABOVE IS BASED ON: (please complete at least one of the following)

1) SALE INFORMATION OF SUBJECT PROPERTY WITHIN THE LAST 3 YEARS:

SALE PRICE: _____

DATE PURCHASED: _____

ARMS LENGTH (fair market) SALE? YES _____ NO _____

TYPE OF PROPERTY: _____

PROPERTY USE: _____

CHANGE IN USE? Y / N (if yes, designate prior use)

PRIOR USE: _____

SQUARE FT OF BLDG: _____

RENTABLE SQ FT: _____

IS ANY OR ALL OF THE BUILDING RENTED? Y / N (if yes, answer the following)

RENTABLE UNIT TYPE:(sf, apt, etc) _____

NUMBER OF UNITS: _____

ACTUAL RENT PER UNIT: _____

LIST ANY IMPROVEMENTS MADE TO YOUR PROPERTY SINCE THE PURCHASE:

BUILDING PERMITS PENDING:

DATE ISSUED: _____

PROPOSED CONSTRUCTION: _____

RECOMMENDED SUPPORTING INFORMATION:

- 1) RECENT PHOTOGRAPHS OF YOUR PROPERTY
- 2) SURVEY OF YOUR PROPERTY IF AVAILABLE
- 3) COPY OF BUILDING PERMIT(S) NEW CONSTRUCTION PLANS, ETC
- 4) COPY OF SALES CONTRACT
- 5) COPY OF ANY APPRAISAL DONE WITHIN THE PAST 3 YEARS
- 6) COPY OF LISTING AGREEMENT IF CURRENTLY LISTED FOR SALE
- 7) ANY ADDITIONAL DATA TO SUPPORT YOUR CLAIM

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- 2) SALES OF 3 (OR MORE) **COMPARABLE** PROPERTIES IN THE SAME OR SIMILAR NEIGHBORHOOD WITHIN THE LAST YEAR:

PROPERTY ADDRESS #1) _____
 SALE PRICE: _____
 DATE SOLD: _____
 ARMS LENGTH SALE? YES ___ NO ___
 SQ FOOTAGE OF BLDG: _____
 TYPE OF BUILDING: _____
 COMMENTS: _____

PROPERTY ADDRESS #2) _____
 SALE PRICE: _____
 DATE SOLD: _____
 ARMS LENGTH SALE? YES ___ NO ___
 SQ FOOTAGE OF BLDG: _____
 TYPE OF BUILDING: _____
 COMMENTS: _____

PROPERTY ADDRESS #3) _____
 SALE PRICE: _____
 DATE SOLD: _____
 ARMS LENGTH SALE? YES ___ NO ___
 SQ FOOTAGE OF BLDG: _____
 TYPE OF BUILDING: _____
 COMMENTS: _____

AND/OR

- 3) OTHER: _____

(Attach additional pages if necessary)

I UNDERSTAND THAT I SHOULD CONTACT THE ASSESSOR'S OFFICE AFTER MAY 1ST TO INSPECT THE TENTATIVE ROLL, AND IF THE ASSESSMENT IS NOT TO MY SATISFACTION I HAVE THE OPTION TO FILE A GRIEVANCE WITH THE BOARD OF ASSESSMENT REVIEW WHICH MEETS THE 4TH TUESDAY IN MAY. I ALSO UNDERSTAND THAT THE TENTATIVE ROLL BECOMES THE FINAL ROLL EFFECTIVE JULY 1ST, EXCEPT FOR ANY CHANGES MADE OR RATIFIED BY THE BOARD OF ASSESSMENT REVIEW AFTER GRIEVANCE DAY.

OWNER'S SIGNATURE: _____ DATE: _____