



516-742-5180 P

Re-Assessment & Evaluation Services, Inc.

648 Franklin Ave. 2nd Floor
Garden City, NY 11530

“Do not pay more than your fair share of taxes”

Don't miss this opportunity: NO SAVINGS=NO FEE !!

This is your one chance to do something about your Suffolk County/Township property taxes/assessment for the 2019/20 tax year. By signing and returning the application below, or by applying via our website, we will grieve your 2019/2020 assessment. If successful, your SCHOOL /TOWN/COUNTY property taxes will be reduced.

**WE ARE A LICENSED TAX REPRESENTATIVE WITH OVER 20 YEARS OF EXPERIENCE!
SUFFOLK LICENSE # 132-TG**

This is the only application you will need to fill out and return. Should you fill out any other tax grievance applications your case will be severely delayed.

SIGN AND RETURN THIS ENTIRE APPLICATION, or fax to (516) 742-5863

APPLICATION FOR CORRECTION OF RESIDENTIAL PROPERTY TAX ASSESSMENT: SUFFOLK COUNTY TOWNSHIP

I, as petitioner and owner of the property listed designate/authorize Re-assessment and Evaluation Services to file any petition/, actions and/or proceedings relating to unequal and/or excessive assessment relating to the 2019/20 year. I also authorize REA to negotiate as agent any municipality refund check. I also authorize any agent/representative of any municipality to communicate directly with Reassessment and Evaluation inc. in any/all matters relating to this application. I understand that I will not authorize any other individual or firm to represent me in this matter, as dual representation may delay my receiving a tax assessment reduction. I authorize REA to negotiate and accept any settlement on my behalf. I agree to any and all terms of the above retainer.

Fee for Service: IF THERE IS NO REDUCTION, THERE IS NO FEE: When the assessment /taxes are reduced for the 2019/20 tax years as a result of the services performed by Reassessment and Evaluation Services, a fee equal to 50% of the first years savings will be charged; exclusive of any tax exemptions, or any transitional assessments which the township may apply. If an appeal is filed a NYS \$30 court filing fee applies. A \$75 property evaluation fee will be charged if this grievance is won unless a copy of a certified appraisal dated no more than 1 year prior to grievance day is sent to Reassessment and Evaluation. If I fail to pay the above fees within 30 days of official notification, I agree to pay reasonable attorneys fees to Reassessment and Evaluation. I also agree to pay 1.5% interest per month on any unpaid balance, will be added to my bill 31 days from the original date of the invoice.

NOTICE REQUIRED BY LAW: 2019/2020 TAX YEAR

- 1- Eligibility: 1) a person named in the records of the Suffolk County Clerk as a homeowner; or 2) that person's authorized agent; or 3) A person who has contracted to buy a home; or 4) the estate of a deceased homeowner, is eligible under law to receive a tax assessment reduction and a property tax refund. If you are not in any of these categories you will not be eligible to receive a property tax refund and you should not sign this agreement. If you are in one of these categories you may sign this agreement.
- 2- Services to be performed: Note that you are not required by law to use a professional tax assessment reduction agency in order to file and/or receive a tax assessment reduction. By signing this agreement, however, you are directing Reassessment and Evaluation to prepare and file your first level complaint for review by your township, to represent you at any appeal proceeding, which includes the preparation and filing of the Appeal Petition, the compilation and presentation of a market analysis and to physically appear on your behalf at your appeal hearing with the court appointed hearing officer and the assessors representative.
- 3- Notification of Tax reduction: Reassessment and Evaluation will make every effort to notify you of any settlements made by your county/township in the course of the tax assessment review process.

Property Address _____
Number street city state zip

Signature of Owner _____ date _____ phone _____

Print Name _____ email(REMAINS PRIVATE) _____