

Town of North Kingstown

Tax Assessor's Office, Town Hall, 100 Fairway Drive, North Kingstown, RI 02852 (401) 268-1531

APPLICATION FOR APPEAL OF PROPERTY TAX – APPEAL BASED ON VALUE AS OF 12/31/24 (REVALUATION DATE)

For appeals to the tax assessor, this form must be filed with the local office of tax assessment within ninety (90) days from the date the first tax payment is due (July 31, 2025). For appeals to the local tax board of review, this form must be filed with the local tax board of review not more than thirty (30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period. **Assessor will return form within 45 days of receipt with a decision if not see back of form for additional appeal information.**

1. TAXPAYER INFORMATION

A. Name(s) of Assessed Owner: _____

B. Name(s) and Status of Applicant (if other than Assessed Owner): _____

Subsequent Owner (Acquired Title after December 31, 2024 Other (Specify) _____

C. Mailing Address: _____

Telephone Number: (day) _____ (evening) _____

2. PROPERTY IDENTIFICATION: Complete information as it appears on tax bill.

A. Plat/Lot (s) _____ Assessed Value(s) _____

B. Location (s) _____

C. Date Acquired: _____ Purchase Price: _____ Amount of Fire Insurance on building _____

Improvements made since purchase (date/type/cost): _____ Assessed _____

D. Tangible Account(s) Number _____ Location _____ Value _____
This is for a Personal Property (Business Tangible Account) only.

3. REASON(S) REDUCTION SOUGHT: Check reason(s) reduction is warranted & explain. Continue explanation on attachment if necessary.

Overvaluation. Incorrect Usage Classification.

Disproportionate Assessment. Other Specify: _____

Applicant's Opinion of Value \$_____ Explanation: _____

Fair Market Value (as of December 31st year of last update/revaluation for real estate & as of December 31st tax year for personal)

Have you filed a true and exact account this year with the North Kingstown Assessor as required by law? _____

See back of form for information on filing an account.

Comparable Properties that support your claim:

<u>Plat/Lot</u>	<u>Sale Price</u>	<u>Sales Date</u>	<u>Location</u>	<u>Assessed value</u>
_____	_____	_____	_____	_____

Signature(s) _____ Date _____

The filing of this application does not stay the collection of your tax. To avoid the addition of interest and other collection charges, the tax should be paid as assessed by the due date.

Disposition by Assessor:

Date Reviewed _____ Date Inspected(if needed) _____ Changed _____ Denied _____

Assessor Comments: _____

Old Value _____ New Value _____ Assessment _____ Abatement _____
Adjustment _____ Adjusted Taxes _____

Signature of Assessor: _____ Date appeal form returned to applicant _____

If you are not satisfied with the adjustment made by the assessor, you must sign and return this form to the Assessor's Office within thirty (30) days of the reviewed date.

I want to continue this appeal to the Tax Board of Review _____ Date _____

TAXPAYER INFORMATION ABOUT APPEAL PROCEDURE (RI GENERAL LAW 44-5-26)

REASONS FOR AN APPEAL. It is the intent of the general assembly to ensure that all taxpayers in Rhode Island are treated equitably. Ensuring that taxpayers are treated fairly begins where cities and towns meet defined standards related to performing property values. All properties should be assessed in a uniform manner, and properties of equal value should be assessed the same.

TO DISPUTE YOUR VALUATION OR ASSESSMENT OR CORRECT ANY OTHER BILLING PROBLEM OR ERROR THAT CAUSED YOUR TAX BILL TO BE HIGHER THAN IT SHOULD BE, YOU MUST APPEAL WITHIN NINETY (90) DAYS FROM THE DATE THE FIRST TAX PAYMENT IS DUE (NORTH KINGSTOWN 1ST QUARTER DUE JULY 31, 2025)

You may appeal your assessment if your property is: (1) OVERVALUED (assessed value is more than the fair market value as of December 31 in the year of the last update or revaluation for real estate and as of December 31 of the tax year for personal estate for any reason, including clerical and data processing errors.) (2) disproportionately assessed in comparison with other properties. (3) classified incorrectly as residential, commercial, industrial or open space, farm or forest. (4) illegal tax partially or fully exempt. (5) modified from its condition from the time of the last update or revaluation.

WHO MAY FILE AN APPLICATION: You may file an application if you are (1) the assessed or subsequent (acquiring title after December 31) owner of the property. (2) the owner's administrator or executor. (3) a tenant or group of tenants of real estate paying rent there from, and under obligations to pay more than one-half of the taxes thereon. (4) a person owning or having an interest in or possession of the property; or (5) a mortgagee if the assessed owner has not applied. In some cases, you must pay all or a portion of the tax before you can file.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the local office of tax assessment within NINETY (90) days from the date the first tax payment is due. THESE DEADLINES CANNOT BE EXTENDED OR WAIVED BY THE ASSESSOR FOR ANY REASON. IF YOUR APPLICATION IS NOT FILED ON TIME, YOU LOSE ALL RIGHTS TO AN ABATEMENT AND THE ASSESSOR CANNOT BY LAW GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSOR'S OFFICE BY OCTOBER 29.

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessor's disposition of your application. Failure to pay the tax assessed when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If abatement is granted and you have already paid the entire year's tax as abated, you will receive an adjustment.

FILING AN ACCOUNT. RI General Law section 44-5-15 requires the annual filing of a true and exact account of all ratable estate owned or possessed by every person and corporate body. The time to file is between December 31 and January 31, or file an application for an intention to submit declaration by March 15th. Failure to file a true and full account, within the prescribed time, eliminates the right to appeal to the superior court, subject to the exceptions provided in RI general laws section 44-5-26(b). No amended returns will be accepted after March 15th. Such notice of your intention must be sent by certified mail, postage prepaid, postmark no later than 12 o'clock midnight of the last day of January. No extensions beyond March 15th can be granted. The form for filing such account may be obtained from the city or town assessor.

ASSESSOR'S DISPOSITION. Upon applying for a reduction in assessment, you may be asked to provide the assessor with further written information about the property and to permit them to inspect it. Failure to provide the information or permit an inspection within thirty (30) days of the request may result in the loss of your appeal rights.

APPEAL. The assessor shall have forty-five (45) days to review the appeal, render a decision and notify the taxpayer of the decision. The taxpayer, if still aggrieved, may appeal the decision of the tax assessor to the local tax board of review, or in the event that the assessor does not render a decision, the taxpayer may appeal to the local tax board of review at the expiration of the forty-five (45) day period. Appeals to the local tax board of review shall be filed not more than thirty (30) days after the assessor renders a decision and notifies the taxpayer, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period. Within thirty (30) days of the tax board of review decision notice any person still aggrieved may file a petition in the superior court for the county in which the town lies for relief from assessment.

DISPOSITION OF APPLICATION (TAX BOARD OF REVIEW) Parcel/Sequence _____ Date of Hearing _____

Comments _____

Date of Inspection (if needed) _____ Date of Vote by Tax Board of Review _____

Denied _____ Changed _____ Date Changed _____ Date of Letter _____
Abatement _____ Abate _____

Old Value _____ New Value _____ Adjustment _____ Taxes _____

Chairman Board of Review (signature) _____