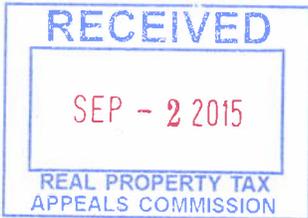


**GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION**



Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1ST LEVEL APPEAL DECISION

*Owner's Name: Sylvia M. Gilbert *Square: 0521 *Suffix: _____ *Lot: 0020

*Property Address: 1514 3rd Street NW *Tax Class 001 *Neighborhood Code 040
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-232-6476 202-232-6476 E-mail: smgilbert@comcast.net

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>256,040</u>	\$ <u>311,060</u>	\$ <u>311,060</u>
Building \$ <u>161,620</u>	\$ <u>186,950</u>	\$ <u>160,050</u>
Total \$ <u>417,660</u>	\$ <u>498,010</u>	\$ <u>471,110</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input type="checkbox"/> Estimated Market Value	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> Equalization	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> Classification	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> Property Damage or Condition	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input checked="" type="checkbox"/> Disputed Property Record	Explain: The assessment states that I have a detached shed in my backyard, but there has never been a shed in the back yard. (See attached) That assessment should be revised.

Property Value Information

If your property has been privately appraised within the past 12 months prior to January 1st please attach a copy with the appeal.
Purchase price of the property \$ _____ Date of Purchase _____ Your estimate of value \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)

Attached documents show the less land the more you pay for square footage. I am challenging that assessment, where is the law on t

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method: Non-Appearance Telephone 202-232-6476 In-Person
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

Return 1 original and 4 copies of form to:
Real Property Tax Appeals Commission
441 4th Street, NW
Suite 360 North
Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Sylvia M. Gilbert
Signature: *Sylvia M. Gilbert*
Date (mm/dd/yyyy): 09/02/2015
Mailing Address: 1514 3rd Street NW
City: 202-232-6476 State: DC Zip: 20001
Phone: 202-232-6476 Email: smgilbert@comcast.net

*If not the owner, a notarized RPTAC Letter of Agent Authorization must be attached. OTR's Letter of Agent Authorization will not be accepted.