

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

15 02:23PM EDT
DISTRICT OF COLUMBIA REAL PROPERTY
TAX APPEALS COMMISSION (DC RPTAC)



Transaction ID: 57684606

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: Parkcrest LLC *Square: _____ *Suffix: _____ *Lot: _____
Square 1317W Lot 0011

*Property Address: 4101 W Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$2,215,650</u>	\$ <u>\$2,215,650</u>	\$ <u>\$2,215,650</u>
Building \$ <u>\$5,354,150</u>	\$ <u>\$5,511,670</u>	\$ <u>\$5,511,670</u>
Total \$ <u>\$7,569,800</u>	\$ <u>\$7,727,320</u>	\$ <u>\$7,727,320</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain: _____

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 \$ \$6,654,984

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

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 _____ 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: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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

**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: Parkcrest LLC Square 1317W Lot 0012
*Square: _____ *Suffix: _____ *Lot: _____

*Property Address: 4111 W Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required in formation

Assessed Value of Tax Years

	Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land	\$ <u>\$1,095,400</u>	\$ <u>\$1,095,400</u>	\$ <u>\$1,095,400</u>
Building	\$ <u>\$3,217,700</u>	\$ <u>\$3,306,950</u>	\$ <u>\$3,306,950</u>
Total	\$ <u>\$4,313,100</u>	\$ <u>\$4,402,350</u>	\$ <u>\$4,402,350</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain:

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 \$ \$3,791,427

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

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Please select your preferred hearing method: Non-Appearance Telephone _____ In-Person
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Owner/Agent* Print Name: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**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: Parkcrest LLC *Square: Square 1317W Lot 0013 *Suffix: _____ *Lot: _____

*Property Address: 4117 W Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No. If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required in formation

Assessed Value of Tax Years

	Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land	\$ <u>\$1,860,750</u>	\$ <u>\$1,860,750</u>	\$ <u>\$1,860,750</u>
Building	\$ <u>\$2,612,450</u>	\$ <u>\$2,705,270</u>	\$ <u>\$2,705,270</u>
Total	\$ <u>\$4,473,200</u>	\$ <u>\$4,566,020</u>	\$ <u>\$4,566,020</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain:

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 \$ \$3,932,384

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

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.

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(Contact Phone Number)

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Washington, D.C. 20001
(202) 727-6860

Owner/Agent* Print Name: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**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: Parkcrest LLC *Square: Square 1317W Lot 0014 *Suffix: _____ *Lot: _____

*Property Address: 2201 42nd Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No. If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required information

Assessed Value of Tax Years

	Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land	\$ <u>\$1,026,950</u>	\$ <u>\$1,026,950</u>	\$ <u>\$1,026,950</u>
Building	\$ <u>\$3,446,250</u>	\$ <u>\$3,539,070</u>	\$ <u>\$3,539,070</u>
Total	\$ <u>\$4,473,200</u>	\$ <u>\$4,566,020</u>	\$ <u>\$4,566,020</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain: _____

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 \$ \$3,932,384

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

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

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Owner/Agent* Print Name: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**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: Parkcrest LLC Square 1317W Lot 0020
*Square: _____ *Suffix: _____ *Lot: _____

*Property Address: 2300 41st Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required information

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$2,261,450</u>	\$ <u>\$2,261,450</u>	\$ <u>\$2,261,450</u>
Building \$ <u>\$5,308,350</u>	\$ <u>\$5,465,870</u>	\$ <u>\$5,465,870</u>
Total \$ <u>\$7,569,800</u>	\$ <u>\$7,727,320</u>	\$ <u>\$7,727,320</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain: _____

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 \$ \$6,654,984

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

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(202) 727-6860

Owner/Agent* Print Name: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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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: Parkcrest LLC Square 1317W Lot 0022 *Square: _____ *Suffix: _____ *Lot: _____

*Property Address: 2215 42nd Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required in formation

Assessed Value of Tax Years

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$921,350</u>	\$ <u>\$921,350</u>	\$ <u>\$921,350</u>
Building \$ <u>\$1,382,250</u>	\$ <u>\$1,429,490</u>	\$ <u>\$1,429,490</u>
Total \$ <u>\$2,303,600</u>	\$ <u>\$2,350,840</u>	\$ <u>\$2,350,840</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain:

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 \$ \$2,024,609

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

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(Contact Phone Number)

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Owner/Agent* Print Name: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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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: Parkcrest LLC *Square: _____ *Suffix: _____ *Lot: _____
Square 1317W Lot 0023

*Property Address: 4106 Beecher Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required in formation

Assessed Value of Tax Years

Last Year 2015	Proposed TY 20 <u>16</u>	First Level Assessment Appeal Decision
Land \$ <u>\$960,750</u>	\$ <u>\$960,750</u>	\$ <u>\$960,750</u>
Building \$ <u>\$1,801,850</u>	\$ <u>\$1,858,760</u>	\$ <u>\$1,858,760</u>
Total \$ <u>\$2,762,600</u>	\$ <u>\$2,819,510</u>	\$ <u>\$2,819,510</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain:

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 \$ \$2,428,241

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

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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: Parkcrest LLC *Square: _____ *Suffix: _____ *Lot: _____
Square 1317W Lot 0024

*Property Address: 2320 41st Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required in formation

Assessed Value of Tax Years

	Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land	\$ <u>\$908,650</u>	\$ <u>\$908,650</u>	\$ <u>\$908,650</u>
Building	\$ <u>\$1,738,550</u>	\$ <u>\$1,792,960</u>	\$ <u>\$1,792,960</u>
Total	\$ <u>\$2,647,200</u>	\$ <u>\$2,701,610</u>	\$ <u>\$2,701,610</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain:

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 \$ \$2,326,702

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

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Owner/Agent* Print Name: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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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: Parkcrest LLC *Square: Square 1317W Lot 0025 *Suffix: _____ *Lot: _____

*Property Address: 2312 41st Street, NW *Tax Class 001 *Neighborhood Code 026
Will you be appealing any other properties? Yes No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

* Required in formation

Assessed Value of Tax Years

	Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land	\$ <u>\$1,598,370</u>	\$ <u>\$1,598,370</u>	\$ <u>\$1,598,370</u>
Building	\$ <u>\$1,366,830</u>	\$ <u>\$1,427,470</u>	\$ <u>\$1,427,470</u>
Total	\$ <u>\$2,965,200</u>	\$ <u>\$3,025,840</u>	\$ <u>\$3,025,840</u>

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

<input checked="" 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 type="checkbox"/> Disputed Property Record	Explain:

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 \$ \$2,605,938

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

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 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: Keith McIntosh
Signature: _____
Date (mm/dd/yyyy): 08/10/2015
Mailing Address: 1230 31st St, NW 2nd Floor
City: Washington State: DC Zip: 20007
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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