GOVERNMENT OF THE DISTRICT OF COLUMBIA
REAL PROPERTY TAX APPEALS COMMISSION

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AUG 17 2015
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: Jacob Joyce *Square: 4540 *Suffix: _____ *Lot: 0156

*Property Address: 1617 Gales Street NE *Tax Class 001 *Neighborhood Code 039

Will you be appealing any other properties? ◯ Yes ◉ No, If Yes, please complete an appeal application for each.

*Contact Phone Numbers: (716)989-6933 Washington E-mail: 1617GalesStreetNE@gmail.com

* Required information

Assessed Value of Tax Years

	Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land	$	$	$
Building	$	$	$
Total	$ 285,170	$ 353,070	$ 353,070

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

☑ **Estimated Market Value**	Examples: recent written appraisal; recent settlement statement; property insurance documents
☐ **Equalization**	Example: a listing of properties that you consider to be comparable to your property.
☐ **Classification**	Indicate current use of the property, and date the use started: Date:_____ ☐ Residential ☐ Commercial ☐ Mixed Use ☐ Vacant ☐ Blight
☐ **Property Damage or Condition**	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
☐ **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 $ 283,000 Date of Purchase 10/17/2013 Your estimate of value $ 283,000

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

See Attached

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*** _____ ***(Contact Phone Number)*** ☑ ***In-Person***

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: Jacob Joyce
Signature: J Joyce
Date (mm/dd/yyyy): 08/05/2015
Mailing Address: 1617 Gales Street NE
City: Washington State: DC Zip: 20002
Phone: Washington Email: 1617GalesStreetNE@gmail.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.

Revised 7/2015