

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



Real Property Assessment Appeal Form – Tax Year _____

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

*Owner's Name: Dennis & Nancy Mc Carthy *Square: 0546 *Suffix: _____ *Lot: 2378

*Property Address: 361 N. St. S.W. Unit 361 Tax Class 001 *Neighborhood Code 046

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

*Contact Phone Numbers: 202-255-8317 E-mail: mccarthy_dennis@hotmail.com

* Required information

Assessed Value of Tax Years

| | | |
|-------------------------|--------------------------|--|
| Last Year 20 <u>15</u> | Proposed TY 20 <u>16</u> | First Level Assessment Appeal Decision |
| Land \$ _____ | \$ _____ | \$ _____ |
| Building \$ _____ | \$ _____ | \$ _____ |
| Total \$ <u>425,640</u> | \$ <u>350,000</u> | \$ <u>454,570</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 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 \$ _____

Please state the justification for your appeal. (Attach additional or supporting documents.)
Note attached doc sales prices of properties sold in area

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

Print Name: Dennis Mc Carthy
Owner/Agent* Signature: Dennis Mc Carthy
Date (mm/dd/yyyy): 07/23/2015
Daytime Phone: 202-255-8317
Evening Phone: _____

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