

**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 1<sup>ST</sup> LEVEL APPEAL DECISION**

\*Owner's Name: Kiera Hynninen \*Square: 1995 \*Suffix: \_\_\_\_\_ \*Lot: 0020

\*Property Address: 3517 Livingston St NW \*Tax Class \_\_\_\_\_ \*Neighborhood Code 011

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

\*Contact Phone Numbers: 202-364-3003 / 202-746-5961 E-mail: wrspiders@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 \$ <u>423,350</u>	\$ <u>452,100</u>	\$ <u>452,100</u>
Building \$ <u>343,690</u>	\$ <u>381,560</u>	\$ <u>381,560</u>
Total \$ <u>767,040</u>	\$ <u>833,660</u>	\$ <u>833,660</u>

} no charge

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

<input type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	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"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain:

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
 Purchase price of the property \$ \_\_\_\_\_ Date of Purchase 5/12/04 Your estimate of value \$ 767,040

Please state the justification for your appeal. (Attach additional or supporting documents.)  
The median sale price for homes in my area for Apr-Jul '15 was \$775,000 which was a decline of -21.7% vs. year ago (see attach A). Also Attach B, has comparable houses in my area's value. I am by far over.

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 202-364-3003 <sup>OR</sup>  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 4<sup>th</sup> Street, NW  
 Suite 360 North  
 Washington, D.C. 20001  
 (202) 727-6860

Owner/Agent\* Print Name: Kiera Hynninen  
 Signature: [Signature]  
 Date (mm/dd/yyyy): 8/17/15  
 Mailing Address: 3517 Livingston St NW  
 City: Washington State: DC Zip: 20015  
 Phone: 202-364-3003 Email: wrspiders@hotmail.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.