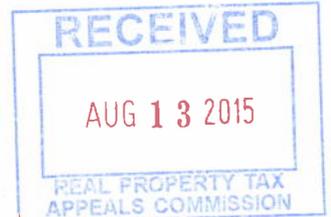


**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REAL PROPERTY TAX APPEALS COMMISSION**



**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: SAP Public Sector Lease Administration/Cost Cont \*Square: P100 \*Suffix: 0257 \*Lot: 0032

\*Property Address: 1300 Pennsylvania Ave \*Tax Class 002 \*Neighborhood Code 072  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 646-847-2096 E-mail: smitchell@paradigmmtax.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ _____	\$ _____	\$ _____
Building \$ <u>10,931,860</u>	\$ <u>10,931,860</u>	\$ <u>9,891,930</u>
Total \$ <u>10,931,860</u>	\$ <u>10,931,860</u>	\$ <u>9,891,930</u>

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

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input 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 \_\_\_\_\_ Your estimate of value \$ \_\_\_\_\_

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  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: Sharif Mitchell  
Signature: *Sharif Mitchell*  
Date (mm/dd/yyyy): 08/10/2015  
Mailing Address: 25 Broadway, 9th Floor  
City: New York State: NY Zip: 10004  
Phone: 646-847-2096 Email: smitchell@paradigmmtax.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.