

STATE OF RHODE ISLAND

TOWN OF NORTH SMITHFIELD

APPLICATION FOR APPEAL OF PROPERTY TAX

For appeals to the tax assessor, this form must be filed with the local office of tax assessment within ninety (90) days from the date the first tax payment is due. For appeals to the local tax board of review, this form must be filed with the local tax board of review not more than thirty (30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period.

NOTE: Inability to pay is not a valid reason for filing an appeal of assessed valuation.

1. TAXPAYER INFORMATION:

- A. Name(s) of Assessed Owner: \_\_\_\_\_
- B. Name(s) and Status of Applicant (if other than Assessed Owner): \_\_\_\_\_  
\_\_\_\_\_ Subsequent Owner (Acquired Title after December 31  
on \_\_\_\_\_, 20\_\_\_\_)  
\_\_\_\_\_ Administrator/Executor \_\_\_\_\_ Lessee \_\_\_\_\_ Mortgagee  
\_\_\_\_\_ Other specify: \_\_\_\_\_
- C. Mailing Address: \_\_\_\_\_  
Telephone No.: (\_\_\_\_) \_\_\_\_\_
- D. Previous Assessed Value: \_\_\_\_\_
- E. New Assessed Value: \_\_\_\_\_

2. PROPERTY IDENTIFICATION: Complete using information as it appears on tax bill.

- A. Tax Bill Account No.: \_\_\_\_\_ Assessed Valuation: \_\_\_\_\_  
Annual Tax: \_\_\_\_\_
- B. Location: \_\_\_\_\_ Description: \_\_\_\_\_  
No. Street Zip  
Real Estate Parcel Identification: Plat \_\_\_\_\_ Lot \_\_\_\_\_ File \_\_\_\_\_  
Tangible Personal Property: \_\_\_\_\_
- C. Date Property Acquired: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_  
Total cost of any improvements \$ \_\_\_\_\_  
What is the amount of fire insurance on building: \$ \_\_\_\_\_

3. REASON(S) REDUCTION SOUGHT: Check reason(s) reduction is warranted and briefly explain why it applies. Continue explanation on attachment if necessary.

Overvaluation. \_\_\_\_\_ Incorrect Usage Classification. \_\_\_\_\_  
Disproportionate Assessment. \_\_\_\_\_ Other Specify: \_\_\_\_\_

Applicant's Opinion of Value:

\$ \_\_\_\_\_ Fair Market Value \_\_\_\_\_ Class \$ \_\_\_\_\_ Assessed Value  
(as of December  
31 in the year of  
the last update or  
revaluation for  
real estate and  
as of December 31  
of the tax year  
for personal estate;)

Explanation: \_\_\_\_\_

Have you filed a true and exact account this year with the Tax Assessor as required by law? \_\_\_\_\_

Comparable Properties that support your claim:

Address	Sale Price	Sale Date	Property Type	Assessed value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. SIGNATURES:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Name of Preparer \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

TAXPAYER INFORMATION ABOUT APPEAL PROCEDURE

REASONS FOR AN APPEAL. It is the intent of the general assembly to ensure that all taxpayers in Rhode Island are treated equitably. Ensuring that taxpayers are treated fairly begins where cities and towns meet defined standards related to performing property values. All properties should be assessed in a uniform manner, and properties of equal value should be assessed the same.

TO DISPUTE YOUR VALUATION OR ASSESSMENT OR CORRECT ANY OTHER BILLING PROBLEM OR ERROR THAT CAUSED YOUR TAX BILL TO BE HIGHER THAN IT SHOULD BE, YOU MUST APPEAL WITHIN NINETY (90) DAYS FROM THE DATE THE FIRST TAX PAYMENT IS DUE.

You may appeal your assessment if your property is (1) OVERVALUED (assessed value is more than the fair market value as of December 31 in the year of the last update or revaluation for real estate and as of December 31 of the tax year for personal estate for any reason, including clerical and data processing errors; (2) disproportionately assessed in comparison with other properties; (3) classified incorrectly as residential, commercial, industrial or open space, farm or forest; (4) illegal tax partially or fully exempt; (5) modified from its condition from the time of the last update or revaluation.

WHO MAY FILE AN APPLICATION: You may file an application if you are (1) the assessed or subsequent (acquiring title after December 31) owner of the property; (2) the owners' administrator or executor; (3) a tenant or group of tenants of real estate paying rent therefrom, and under obligations to

pay more than one-half (1/2) of the taxes thereon; (4) a person owning or having an interest in or possession of the property; or (5) a mortgagee if the assessed owner has not applied. In some cases, you must pay all or a portion of the tax before you can file.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the local office of tax assessment within NINETY (90) days from the date the first tax payment is due. THESE DEADLINES CANNOT BE EXTENDED OR WAIVED BY THE ASSESSOR FOR ANY REASON. IF YOUR APPLICATION IS NOT FILED ON TIME, YOU LOSE ALL RIGHTS TO AN ABATEMENT AND THE ASSESSOR CANNOT BY LAW GRANT YOU ONE. AN APPLICATION IS FILED WHEN RECEIVED BY THE ASSESSOR'S OFFICE.

**PAYMENT UNDER PROTEST PREREQUISITE TO APPEAL.** Chapter 6, Article II, Sec. 6-24 of the North Smithfield Town Charter requires that "No appeal shall be considered by the board of assessment review unless the tax levied on the valuation appealed or such portion of tax as is due and payable has been paid under protest and within the time provided for filing the appeal." Filing an application does not stay the collection of your taxes. In some cases, you must pay the tax when due to appeal the assessor's disposition of your application. Failure to pay the tax assessed when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If abatement is granted and you have already paid the entire year's tax as abated, you will receive a refund of any overpayment.

**FILING AN ACCOUNT.** Rhode Island General Laws Section 44-5-15 requires the annual filing of a true and exact account of all ratable estate owned or possessed by every person and corporate body. The time to file is between December 31, and January 31, of intention to submit declaration by March 15. Failure to file a true and full account, within the prescribed time, eliminates the right to appeal to the superior court, subject to the exception provided in Rhode Island General Laws Section 44-5-26(b). No amended returns will be accepted after March 15<sup>th</sup>. Such notice of your intention must be sent by certified mail, postage prepaid, postmark no later than 12 o'clock midnight of the last day, January 31. No extensions beyond March 15<sup>th</sup> can be granted. The form for filing such account may be obtained from the city or town assessor.

**ASSESSOR'S DISPOSITION.** Upon applying for a reduction in assessment, you may be asked to provide the assessor with further written information about the property and to permit them to inspect it. Failure to provide the information or permit an inspection within thirty (30) days of the request may result in the loss of your appeal rights.

**APPEAL.** The assessor shall have forty-five (45) days to review the appeal, render a decision and notify the taxpayer of the decision. The taxpayer, if still aggrieved, may appeal the decision of the tax assessor to the local tax board of review, or in the event that the assessor does not render a decision, the taxpayer may appeal to the local tax board of review at the expiration of the forty-five (45) day period. Appeals to the local tax board of review shall be filed not more than thirty (30) days after the assessor renders a decision and notifies the taxpayer, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) day period.

---

**DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)**

---

	<b>GRANTED</b>	Assessed Value _____
Date Sent _____		Abated Value _____
Date Returned _____	<b>DENIED</b>	Adjusted Value _____
		Assessed Tax _____
On-Site Inspection	<b>DEEMED DENIED</b>	Abated Tax _____
Date _____		Adjusted Tax _____