



Complaint on Tentative State Equalization Rate, Class Equalization Rates and/or Class Ratios

Please print or type; you must fill out this form in its entirety.

I _____, _____
Name Title of chief executive officer or legal representative

hereby complain and object to the tentative State equalization rate (and tentative class equalization rates and tentative class ratios, if applicable) established for the final assessment roll completed in the year _____ for the (choose only one):

County City Town or Village of

Name of assessing unit County

Signature of chief executive officer or legal representative Date

If a legal representative is filing this complaint, please complete the following address section.

Street address City/State ZIP code Phone number

Does a representative of your municipality plan to attend the rate hearing?

Yes No

Attendance at the hearing is not required nor is it necessary to attend a hearing to file a complaint. No new information, objections, or documentation may be received at the hearing, nor will staff respond to the complaint at the hearing. Municipal officials may make oral comments at the hearing amplifying material submitted with the complaint.

This complaint form and supporting documentation must be mailed or served at least five days before the hearing date to:

**NYS TAX DEPARTMENT
OFFICE OF COUNSEL – REAL PROPERTY TAX SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227-0911**

Late documentation will not be accepted. Please refer to the *Notice of Tentative State Equalization Rate* which specifies the rate complaint submission deadline. Attach specific supporting documentation for each objection in accordance with 20 NYCRR section 8186-15.2. If written objections are not filed, the tentative State equalization rate will be made final without change. **For CAPs Only:** In addition, pursuant to New York State Real Property Tax Law section 579, for assessing units participating in a coordinated assessment program, the assessing unit must simultaneously serve a copy of its complaint upon all the other assessing units participating in the coordinated assessment program.

2016 Tentative Equalization Rate Objection

City/Town/Village _____ SWIS code _____

Mark as many boxes as are appropriate.

Complainant's opinion of the equalization rate _____

(Attach documentation and/or use this form to support your opinion)

1. **Objection to ORPTS aggregate full value based upon:**

- A. Residential Ratio Aggregate adjustment factor(s)
 Other

(Attach alternate analysis results and documentation for each item checked)

- B. Objection to appraisal observations (from *Data Report 4*) number of appraisals _____

(Attach Form RP-5022APP for each appraisal objection with supporting documentation)

2. **Objection to current year appraisal (from *Data Report 5*)**

- State-owned land Other isolated property
 Special franchise Ceiling railroad

(Attach supporting documentation)

3. **Objection to Assessor's Report data (from *Data Report 6*)**

(Attach supporting documentation)

4. **Other objection (rule, law or procedure non-compliance)**

(Attach supporting documentation)