

**FY 2006**

FOR ASSESSING DEPARTMENT USE ONLY

Original Assessment \$  
A.D. Return ..... \$  
50% Penalty ..... \$  
Abate \$

Date Form of List filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tax Amount	Amount Abated	Value Abated	Reason

PAYMENT SECTION

Amount	____/____/____ Date
Amount	____/____/____ Date
Amount	____/____/____ Date
Amount	____/____/____ Date
Amount	____/____/____ Date

SIGNATURE SECTION

Signature	_____ Date	_____ Abatement Recommended
Signature	_____ Date	_____ Abatement Recommended
Signature	_____ Date	_____ Abatement Recommended
Signature	_____ Date	_____ Abatement Recommended
Signature	_____ Date	_____ Abatement Recommended
Commissioner of Assessing	_____ Date	_____ Abatement Approved
Executive Secretary, Board of Assessors	_____ Date	

ASSESSED VALUE -- VALUE ABATED = REVISED VALUE

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LAW DEPARTMENT

_____ Assistant Corporation Counsel	_____ Date
_____ Docket Number	_____ Date Withdrawn

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