

PROPERTY IDENTIFICATION

Fill in blanks with information exactly as it appears on the tax bill. Please type or use ball point pen and PRINT carefully.			
Business Name:			
Business ID #: Ward:	Parcel: -		
Bill #: Assessed Val	ue:		
Assessed Owner: (Last Name, first)	· · · · · · · · · · · · · · · · · · ·		
Business Location: (Number and Street)	Zip Code:		
(Number and Street)			
REASON FOR ABATEMENT			
1. Business Type:			
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATI 2. Brief description of property:	ON OTHER - SPECIFY:		
Indicate applicant's estimate of fair cash value:			
Complete statement of reasons for this application (inclu	ding contentions of law):		
GENERAL INI			
not allow you to postpone payment of the tax. If your abatement appropriate tax assessed, you may lose your statutory appeal rights. See to final approval by the Board of Review and the Commissioner of FORM OF LIST: See Mass. General Laws Ch. 59, § 29 relative to I was filed as provided by law. If not filed for FY 2005, the Form of List the Assessing Department, Room 301, City Hall, Boston, MA 022 on the menu. AUTHORIZATION SECTION -	e Mass. General Laws Ch. 59, § 64. All abatements are subject of Assessing and jurisdictional requirements under G. L. Ch. 59. limitation on amount of abatement in cases where no Form of List must be attached to this form. Forms of List may be obtained from 201 or online at www.cityofboston.gov/assessing. Go to FORMS		
Social Security #:	Federal ID #:		
(REQUIRED FOR REFUND: Write in one of t	the numbers above)		
STATEMENT OF APPLICANT:	STATEMENT OF REPRESENTATIVE: (if any)		
I am aggrieved by the assessment of the Personal Property Tax upon the personal property described above, and hereby apply for abatement. I also hereby authorize the representative (if any) whose	STATEMENT OF REPRESENTATIVE: (if any)		
signature appears at right to act on my behalf relative to this application.	STATEMENT OF REPRESENTATIVE: (if any) I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant.		
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application.	I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant.		
application. / / Signature of Applicant Date	I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant.		
application. / / / Signature of Applicant PRINT BELOW	I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant. / / Signature of Representative PRINT BELOW		
application. / / Signature of Applicant PRINT BELOW APPLICANT'S NAME (Last Name, First)	I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant. / / Signature of Representative Date PRINT BELOW REPRESENTATIVE'S NAME (Last Name, First)		
application. / / Signature of Applicant PRINT BELOW APPLICANT'S NAME (Last Name, First) NUMBER & STREET (Mailing Address)	I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant. / / Signature of Representative Date PRINT BELOW REPRESENTATIVE'S NAME (Last Name, First) FIRM NAME		

FOR ASSESSING DEPARTMENT USE ONLY

Original Assessment \$	Date Form of List filed://	
A.D. Return \$ 50% Penalty \$	_	
Abate \$		
Tax Amount Amount Abated	Value Abated	Reason
PAYMI	ENT SECTION	
	1 1	
Amount D	oate	
Amount D	// Pate	
	// vate	
Amount D	// Date	
Amount D	ate	
CIONA	TUDE SECTION	
SIGNA	TURE SECTION	
Signature		e Abatement Recommended
Signature	Date	e Abatement Recommended
O'rear a Lorea		Ab days at Days are and a day
Signature	Date	e Abatement Recommended
Signature	Date	e Abatement Recommended
Signature	Date	e Abatement Recommended
Commissioner of Assessing	Dat	e Abatement Approved
Executive Secretary, Board of Assessors	 	_
Excoditive desiretary, board of resessors	Date	
ASSESSED VALUE VAL	UE ABATED = REV	/ISED VALUE
-	=	
LAW	DEPARTMENT	
Againstant Corporation Coursel		
Assistant Corporation Counsel		Date
Docket Number		Date Withdrawn
DOORGE HUITIDGE		Date villidiavil