

City of Boston Assessing Department

FY 2023 APPLICATION FOR ABATEMENT OF REAL ESTATE TAX

Mass General Laws Ch. 59, § 59

Property Identification:

Assessed Owner (the owner on 1/1/2022): Applicant* (if not assessed owner): Location: Street No. Street Name *Person other than the assessed owner such as the executor, trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possess complete "applicant's standing section" on Information Requisition. *Reason for Abatement: Overvaluation / Improper Classification / Disproportion Complete attached Information Requisition Form NOTE: Upon filing this application for abatement, you will be required to complete an Information Requisition Form (attached) providing more detailed information about the assessed property (Mass, General Laws Ch. 59, § 6 1A). Failure to provide the information requested on the form within thirty (30) days of filing your abatement application may result in the loss of your right to appeal the tax assessed. Statutory Exemption You must complete a Statutory Exemption Information Requisition available at City Hall, Room 301. Do NOT complete the standard Information Requisition. **STATEMENT OF REPRESENTATIVE (if any): I hereby state that I am authorized to represent the applicant whose signature appears at right to act on my behalf relative to this application. I also circle one) file herewith a lee of authorization signed by the applicant. I also circle one) file herewith a lee of authorization signed by the applicant also circle one) file herewith a lee of authorization signed by the applicant also circle one) file herewith a lee of authorization signed by the applicant on information Requisition with Owners (or Applicants) authorization with the City of Bos Assessing Department relative to this abatement application. Signature of Applicant/Assessed Owner Date (mm/dd/yy) Applicant's Name (Last Name, First)	Applicant* (if not assessed owner):	Fill in blanks with information EXACTLY AS IT APPEARS ON TH	HE TAX BILL . Please type or	use ball point pe	n and PRINT carefully
Applicant* (if not assessed owner): Location: Street No. Street Name *Person other than the assessed owner such as the executor, trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possess complete 'applicant's standing section' on Information Requisition. Reason for Abatement: Overvaluation / Improper Classification / Disproportion Complete attached Information Requisition Form NOTE: Upon filing this application for abatement, you will be required to complete an Information Requisition Form (attached) providing more detailed information about the assessed property (Mass. General Laws Ch. 59, § 61A). Failure to provide the information requested on the form within thirty (30) days of filing your abatement application may result in the loss of your right to appeal the tax assessed. Statutory Exemption You must complete a Statutory Exemption Information Requisition available at City Hall, Room 301. Do NOT complete the standard information Requisition. Authorization: (Complete and Sign below) STATEMENT OF APPLICANT: I am aggrieved by the real estate tax assessment of the real estate parcel described above, and hereby apply for abatement. I also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application. I slow hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A. STATEMENT OF REPRESENTATIVE (if any): I hereby state that I am authorized to represent the applicants whose signa appears at left for the processing of this abatement application. I further shalf relative to this applicants of this applicant is gionature, and the form requesting additional information in compliance with Chapter 59, Section 61A. Signature of Applicant/Assessed Owner Date (mm/dd/yy) Applicant's Name (Last Name, First)	Applicant* (if not assessed owner):	Ward and Parcel: (10 digits) Class:	Total Full Va	luation: \$	
Location:	Location: Steet No. Street Name Zip Code:	Assessed Owner (the owner on 1/1/2022):			
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	Representative's Name (Last Name, First) Firm Name City State Zip Code Phone: Cell: Email: City State Zip Code	Signature of Applicant/Assessed Owner Date (IIIII/Od/yy)	Signature of Representative		Date (mm/dd/yy)
	Firm Name City State Zip Code Mailing Address (Number and Street Name) Email: City State Zip Code	Applicant's Name (Last Name, First)		ne, First)	
Mailing Address (Number and Street Name)	City State Zip Code Mailing Address (Number and Street Name) Email: City State Zip Code	Mailing Address (Number and Street Name)			
	Mailing Address (Number and Street Name) Phone: Cell: Email: City State Zip Code		Firm Name		
Mailing Address (Number and Street Name)	Email: City State Zip Code	•	Mailing Address (Number and St	reet Name)	
Email: City State Zip Code	THIS EARM ADDROVED BY THE COMMISSIONED OF DEVENUE Phone:	Email:	City	State	Zip Code
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE Phone:		THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE			
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General Information: Where to File: Assessing Department, Room 301 Receipt	General Information: Where to File: Assessing Department, Room 301 Receipt APPLICATION				
General Information: Where to File: Assessing Department, Room 301 One City Hall Square, Boston, MA 02201	General Information: Where to File: Assessing Department, Room 301 One City Hall Square, Boston, MA 02201		APPLICANT COMPL	ETE BELOW	
General Information: Where to File: Assessing Department, Room 301 One City Hall Square, Boston, MA 02201	General Information: Where to File: Assessing Department, Room 301 One City Hall Square, Boston, MA 02201 Filing Deadline: No later than February 1, 2023	allow you to postpone payment of the tax. If your application is approved, a refund will be issued to you. If you do not timely pay the tax assessed,	WARD:		
General Information: Where to File: Assessing Department, Room 301 One City Hall Square, Boston, MA 02201 Filing Deadline: No later than February 1, 2023 APPLICANT COMPLETE BELOW Payment of Tax: The filing of an abatement application does NOT	General Information: Where to File: Assessing Department, Room 301 One City Hall Square, Boston, MA 02201 Filing Deadline: No later than February 1, 2023 Payment of Tax: The filing of an abatement application does NOT allow you to postpone payment of the tax. If your application is approved, a refund will be issued to you. If you do not timely pay the tax assessed,	Approval: All abatements are subject to jurisdictional requirements under M.G.L. Ch. 59, and to final approval by the Board of Review and the Commissioner of Assessing.	PARCEL:		



samples.

City of Boston Assessing Department

FY 2023 INFORMATION REQUISITION

Mass General Laws Ch. 59, § 61A

Property	Identification:				
Parcel:	Class:		Total Full Valuation	:\$	
Assessed Own	er (owner on 1/1/2022):		Land Use		
Applicant* (if i	not assessed owner):				
	reet No. Street Name			Zi	p Code:
	n the assessed owner such as the ent's standing section" on Informa		nant paying more than 50% c	of taxes, or subseq	uent owner, or mortgagee in possession mus
Contact Person	n:				
Mailing Addre	SS:	City:		State:	Zip Code:
Phone No.: Da	y:		Email:		
2. List MAIN Wa	perty consist of more than o rd and Parcel for completed d and Parcel No. (10 digits)			- - -	and see above note: Ward and Parcel No. (10 digits)
Applicant	s's Standing Secti	on: If applicant i	s not the assessed owner,	- what is the ba	sis of the applicant's standing?
	Subsequent owne		Tenant with obligation to	. ,	
Owner/Applican hereby authorize	ation Section: (comp t Statement: I certify under pai	olete and sign below ns and penalties of p) perjury that the information	supplied in this r	requisition is true and correct. If applicable ration Section to act on my behalf relative t
Signature of Own	er or Applicant:			Date (mm/	dd/yy):
Print Name:					
Note: All abatemer	nts are subject to jurisdictional re	quirements under MG	L Ch. 59, and final approval by	y the Board of Rev	iew and the Commissioner of Assessing.
REQUIRED S	CHEDULES	If your prope	erty is this type	co	omplete these schedules:
Note: To complete schedules, see the		RESIDENTIAL	Residential (1-3 Family) Apartments (4 units or mo		

COMMERCIAL

Condominiums......A, B (Part 2)

SAMPLE-

SCA

SCHEDULE **A**General Information

Please complete below:

Wa	ard			F	Parce	el le		_			
1	8	-	0	0	6	1	0	-	0	0	0

Note: The ward and parcel number above should appear on each page of this form and on any attachments.

F	Property Address	Ward & Parcel	Sales Price	Date of Sale (mm/dd/yy)
8 Washington S	treet	1812345000	\$450,000	05/08/21
29 South Street		1867890000	\$475,000	09/01/21
1313 Washingto	n Street	1822222000	\$435,000	11/13/21
Recent sale o	of property. Please provide t	the following information fo	or any sale occurring in t	he last 2 years:
Date of	sale (mm/dd/yy)://	/ Price:	\$	
	ation to seller?	Yes	□No	
,	n-real estate items included in	the sales price?	□No	
	tion of items:			
•				
-	s Name:	<u> </u>		
	s Appraisal Value:\$		raisal: / /	(ATTACH CO
Lender'	Refinancing (mm/dd/yy): s Appraisal Value: \$ ith comparable assessmer		nount Financed: \$	
Lender' Not in line w	s Appraisal Value: \$ith comparable assessmer Parcel No.	nts. Provide value data for 3 si	nount Financed: \$imilar properties of the sar	ne property type*:
Lender'	s Appraisal Value: \$ ith comparable assessmer		nount Financed: \$imilar properties of the sar	
Lender' Not in line w	s Appraisal Value: \$ith comparable assessmer Parcel No.	nts. Provide value data for 3 si	nount Financed: \$imilar properties of the sar	ne property type*:
Lender' Not in line w	s Appraisal Value: \$ ith comparable assessmer Parcel No. (ex. 12345-000)	nts. Provide value data for 3 si	nount Financed: \$imilar properties of the sar	ne property type*:
Lender' Not in line w	s Appraisal Value: \$ ith comparable assessmer Parcel No. (ex. 12345-000)	nts. Provide value data for 3 si	milar properties of the sar	ne property type*:
Not in line wing Ward (ex. 01)	s Appraisal Value: \$ ith comparable assessmer Parcel No. (ex. 12345-000)	nts. Provide value data for 3 si	milar properties of the sar	ne property type*:
Not in line wing Ward (ex. 01) *Condominium, sing	s Appraisal Value: \$ ith comparable assessmer Parcel No. (ex. 12345-000)	nts. Provide value data for 3 si Property Addre	imilar properties of the sar	ne property type*: Value
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Not in line will ward (ex. 01) *Condominium, sing	s Appraisal Value: \$ ith comparable assessmer Parcel No. (ex. 12345-000)	Property Addre Please indicate correct C	imilar properties of the sar sss \$ \$ \$ Ilassification:	ne property type*: Value
Not in line w Ward (ex. 01) *Condominium, sing Improper Cla	ith comparable assessmer Parcel No. (ex. 12345-000) ple-family, two-family, three-family, etc. perty Data. Please provide	Property Addre Property Addre Please indicate correct C Please indicate correct L details in PART 2 below.	imilar properties of the sar sss \$ \$ \$ Iassification:and Use:	ne property type*: Value
Not in line will ward (ex. 01) *Condominium, sing lmproper Claim lincorrect Pro Other:	ith comparable assessmer Parcel No. (ex. 12345-000)	Property Addre Property Addre Please indicate correct C Please indicate correct L details in PART 2 below.	imilar properties of the sar sss \$ \$ \$ Ilassification:	ne property type*: Value
Not in line wing Ward (ex. 01) *Condominium, sing Improper Claim Incorrect Pro Other:	ith comparable assessmer Parcel No. (ex. 12345-000) ple-family, two-family, three-family, etc. perty Data. Please provide	Property Addre Property Addre Please indicate correct C Please indicate correct L details in PART 2 below.	imilar properties of the sar sss \$ \$ \$ Iassification:and Use:	ne property type*: Value
Not in line w Ward (ex. 01) *Condominium, sing Improper Cla Incorrect Pro Other: 2: Opinion of	ith comparable assessmer Parcel No. (ex. 12345-000)	Property Addre	imilar properties of the sar sss S S S Ilassification: and Use:Please provide de	ne property type*: Value
Not in line w Ward (ex. 01) *Condominium, sing Improper Cla Incorrect Pro Other: 2: Opinion co	s Appraisal Value: \$	Property Addre Please indicate correct C Please indicate correct L details in PART 2 below. al Comments.	imilar properties of the sar sss S S S Ilassification: and Use:Please provide de	ne property type*: Value

FY 2023 Information Requisition

SCA

SCHEDULE **A**General Information

Please complete below:

Ward	Parce	اد			
-			-		
Note: The war				appea	ron

Property Address	Ward & Parcel	Sales Price	Date of Sale (mm/dd/yy)
		\$	
		\$	
		\$	
Recent sale of property. Please provide	•	or any sale occurrir	ng in the last 2 years:
Date of sale (mm/dd/yy):/_		\$	
Any relation to seller?	Yes	☐ No	
Any non-real estate items included	in the sales price? Yes	☐ No	
Description of items:			
Associated Cost: \$			
Mortgage Amount: \$			
Lender's Name:			
Lender's Appraisal Value:\$ Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value bel	ow assessed valu	ne. (ATTACH COPY)
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): _ Lender's Appraisal Value: \$ Not in line with comparable assessm	2 years, appraisal value bel	ow assessed valu	ie. (ATTACH COPY)
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value bel	ow assessed value nount Financed: \$	ie. (ATTACH COPY)
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$ Not in line with comparable assessm Ward Parcel No.	2 years, appraisal value belomber Amberta Amberta. Provide value data for 3 s.	ow assessed value nount Financed: \$	he same property type*:
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$ Not in line with comparable assessm Ward Parcel No.	2 years, appraisal value belomber Amberta Amberta. Provide value data for 3 s.	ow assessed value nount Financed: \$	he same property type*:
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value belomber Amberta Amberta. Provide value data for 3 s.	ow assessed value nount Financed: \$	the same property type*: Value
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value belo / Am nents. Provide value data for 3 s. Property Addro	ow assessed value nount Financed: \$	the same property type*: Value
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value belome. And	ow assessed valu nount Financed: \$ imilar properties of t ess	the same property type*: Value
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value belomber American American	ow assessed value nount Financed: \$	the same property type*: Value
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): _ Lender's Appraisal Value: \$ Not in line with comparable assessm Ward Parcel No. (ex. 01) (ex. 12345-000) *Condominium, single-family, two-family, three-family, ex. Improper Classification - Land Use.	2 years, appraisal value belomber / / Am nents. Provide value data for 3 s. Property Addresse: Please indicate correct C. Please indicate correct L.	ow assessed value nount Financed: \$	the same property type*: Value
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): Lender's Appraisal Value: \$	2 years, appraisal value belomber / / Am nents. Provide value data for 3 s. Property Addresse: Please indicate correct C. Please indicate correct L.	ow assessed value nount Financed: \$	the same property type*: Value
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): _ Lender's Appraisal Value: \$ Not in line with comparable assessm Ward Parcel No. (ex. 01) (ex. 12345-000) *Condominium, single-family, two-family, three-family, ex. Improper Classification - Land Use. Incorrect Property Data. Please provide	2 years, appraisal value beloments. Provide value data for 3 s. Property Addresse indicate correct C. Please indicate correct L. de details in PART 2 below.	ow assessed value nount Financed: \$	the same property type*: Value \$ \$ \$ \$
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): _ Lender's Appraisal Value: \$ Not in line with comparable assessm Ward Parcel No. (ex. 01) (ex. 12345-000) *Condominium, single-family, two-family, three-family, etc. Improper Classification - Land Use. Other: Other:	Property Addresse indicate correct Correct Lease indicate Indicate Correct Lease Indicate	ow assessed value nount Financed: \$	the same property type*: Value \$ \$ \$ \$
Property refinanced within the last 2 Date of Refinancing (mm/dd/yy): _ Lender's Appraisal Value: \$ Not in line with comparable assessm Ward Parcel No. (ex. 01) (ex. 12345-000) *Condominium, single-family, two-family, three-family, ex. Improper Classification - Land Use. Incorrect Property Data. Please provide	Property Addresse indicate correct Correct Lease indicate Indicate Correct Lease Indicate	ow assessed value nount Financed: \$	the same property type*: Value \$ \$ \$ \$

SAMPLE-**SCB**

SCHEDULE **B Residential Information**

Please complete below:

Wa	ard	_		F	arce	el .					
1	8	-	0	0	6	1	0	-	0	0	0
Not	o·Tho		rd and	harc	سرم ام	mher	ahov.	ch,	ould a	nnes	ror

									each page of this form and on any att	achments.	
Part	1: One	e, two, a	nd the	ee-far	nily ONL	Y. Effec	tive repo	orting date	is 1/1/2022.		
X	One fan	_	Two fa	amily	of propert	family	Y/N) <u>Y</u>	comple	ty Improvements . List any remod ted within the last five (5) years. Atta tion if necessary.	,	_
Does t	he prope	erty include	e an in-lav	w apartm	ent or au-pa	airunit? (Y/N) <u>Y</u> _	Type	Description of Improvement	Year	Total Cost
2. Pro	perty D	escriptio	n.					Kitchen	First floor cabinets	2015	\$10,000
A. Yea	r Built: _	1900	_					Bath	Third floor bathroom	2016	\$5,000
B. Indi	icate Ro	om Count	t by Floo	r (see ex	ample belo	ow):		Ext. Siding			
Floor Level	Total # Rooms	# of Bed- rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)	Interior			
1	5	3	1	1	100	Υ	Υ	Additions			
Floor	Total #	# of Bed-	# of Full	# of 1/2	% Finished	Heated?	Kitchen?	Plumbing			
Level	Rooms	rooms	Baths	Baths	Living Area	(Y/N)	(Y/N)	Electrical			
Sub Bsmt								Roof	New roof	2017	\$10,000
Bsmt	-	-	-	-	0	N	N	Windows			
1	5	2	1	0	100	Y	Y	Other			
2	6	3	1	0	100	Y	N				
3	6	3	1	0	100	Y	N	-	ty Condition. Systems and Struct		
Attic								Indicate co Fair, or Poo	ondition for each category as Excelle	ent, Good, Av	erage
Total #	of Levels	4						Heating:	Average Electrical:	۸۷	erage
C Hos	ting Tyr	e: Select	(Y) one					3			
	Forced A		adiators	Пва	seboard			_			cellent
=	Radiant	=	pace Heat	_				Windows:	Fair Foundatio	n:Av	erage
D. Oth	ner Featu	ıres: Selec	t (X) all t	hat appl	y.			5. Overall	Property Condition . Circle one (1) condition p	er category.
_		VC D		_	-	Roof d		Interior:	Excellent (Good) Average Fair	r Poor Un	inhabitable
					eet parking		<u></u>	Futanian.	I Forellant I Good (Assessed Fri	. 0 11	
Oth	ner ameni	ities:					_	Exterior:	Excellent Good (Average) Fair	r Poor Un	innabitable
PART	Γ 2: Co	ndomin	ium					6. Overall	condition: Good		
		tage. Tot		1 000					Excellent, Good, Average, Fo	air, Poor, or Uninl	nabitable
-		_			— ied area (SF	:): 20	10			•	Total Cost
		licate (X) t				/			ull renovation 2		65,000
_	_	Duplex		asemen	t \square Per	nthouse		Baths: Other:			
XFI		= '						_	ies. Select (X) all that apply:	-	
3. Flo	or Level	– I. Indicate	(X) the fl	oor level	of the unit.			_	rivate elevator Fireplace	Centra	al A/C
□Si	ub Baser	ment [Basen	nent	Garden				Ouctless A/C X Balcony (SF: 120	_	
19	st X	2nd [3rd	Oth	er:						
Numb	er of flo	or levels i	n unit: _	<u>1</u> Ot	her:			•	x. Elevator, pool): <u>Elevator</u>		ge (SF:)
4. Ori	entatio	n . Indicate			ation of the u		_	-	Spaces. # indoor spaces:0	# outdoor spa	ices:1
Fr	ont	X Rear	Mic	ddle	Full Floo	or 🗌	Corner		spaces: On-site X Off-site* Indicate address: 120 Albany Street	Sna	
5. Roc	oms. Ind	icate the <u>ı</u>	<u>number</u> c	of rooms	by type:			Ownership:			
	-		_		2_ Bedroo			·	Separately deeded (Sale Price \$		
					1_ Full bat	h		10. Renta	I Information.		
1 Ha	alf bath_	Other	:					Tenant: <u>Jos</u>	seph Smith	Rent/Mo.: \$	2,000

SCB

SCHEDULE **B**

__ Living room ____ Dining room ____ Bedroom __ Eat-in kitchen ___ Other kitchen ___ Full bath

___ Half bath___ Other:__

PIE	ease	; C(omp	nete	e be	iow	•				
Wa	ard			F	arce	el					
		-						-			
Not	e:The	wa	rd and	d parc	el nu	mber	above	e sh	ould a	appea	ron

Re	esid	enti	al In	ıfor	mati	on				rard and parce of this form an			l appear o	n
1. Pr	operty U One fan	Ise . Indica	nte (X) pri	mary use	nily ONL of propert	y: family	tive repo			nents. List o last five (5)				9
Does	the prope	erty includ	e an in-lav	w apartm	ent or au-pa	air unit?(Y/N)	Туре	Descript	ion of Improv	ement	Year	Тс	otal Cost
2. Pr	operty D	escriptio	on.					Kitchen					\$	
A. Ye	ar Built: _							Bath					\$	
B. Ind	licate Ro	om Coun	t by Floo	r (see ex	ample belo	ow):		Ext. Siding					\$	
Floor		# of Bed- rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)	Interior					\$	
1	5	3	1	1	100	Υ Υ	Υ Υ	Additions					\$	
								Plumbing					\$	
Flooi Leve		# of Bed- rooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y/N)	Kitchen? (Y/N)	Electrical					\$	
Sub Bsm1								Roof					\$	
Bsmi								Windows					\$	
1								Other					\$	
2														
3								4. Property		•				
Attic								Indicate con Fair, or Poor.		ıch categor _.	y as Excelle	ent, Goo	া, Avera <u>c</u>	ge
Total	# of Levels							Heating:		I	Electrical:			
C. He	ating Typ	oe: <i>Se<u>lec</u>t</i>	(X) one.					Plumbing:		I	Roof:			
F	Forced A Radiant	=	adiators pace Heat		seboard			Windows:		F	- oundatio	n:		
# 0	her Featu Central <i>F</i> of working	ures: <i>Selec</i>	ct (X) all t ouctless A :: #	hat appl _. ∕C		Roof d		5. Overall P Interior: Exterior:	Excellent	Good Ave	rage Fair	Poor	Uninha	abitable
PAR	T 2: Co	ndomir	nium					6. Overall c	ondition:_					
1. S q	uare foo ned area	tage . Tot	al SF:		— ned area (SF	=):		7. Renovati			Year Co	ompleted \$	Total	l Cost
	oft [Duplex Other:	В	asemen					es. Select (X)					
	st	ment 2nd	Basen	nent Oth	of the unit. Garden er: her:			Vie Complex (ex.	ctless A/C w Elevator, poo	Balcor Other	ny (SF:			SF:)
	ront	Rear	Mid	ddle	ation of the u		<i>building</i> . Corner	9. Parking S Location of sp *If off-site, ind	paces: 0	n-site	Off-site*		_ Space	#:
		licate the <u>i</u> om			<i>by type:</i> Bedroo	m		Ownership:		nt Re ely deeded (!	ented (Rent Sale Price \$)

10. Rental Information.

Tenant: _____

Y 2023 Information Requisition

Rent/Mo.: \$