

RPTL 730

**DECISION OF HEARING OFFICER**

Prepare in triplicate. Complete within 30 days of date of hearing. Send one copy to the petitioner's representative or the petitioner if not represented, one copy to the individual representing the assessing jurisdiction and one copy to the assessment review clerk.

Date hearing held \_\_\_\_\_

Date decision submitted to clerk \_\_\_\_\_

**PART I-CASE IDENTIFICATION**

Supreme Court, County of: \_\_\_\_\_ Filing # \_\_\_\_\_ Calendar # \_\_\_\_\_

Name of owner or owners: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Assessing Unit: \_\_\_\_\_

Tax Map# \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**PART II - DECISION**

DISPOSITION - Check 1, 2, 3, 4 or 5

1.  Disqualified (check appropriate box below)
  - a.  More than three family
  - b.  Not owner-occupied
  - c.  Property not used exclusively for residential purposes
  - d.  Cooperative
  - e.  Condominium, other than a condominium designated as Class I in Nassau County or as a "homestead" in an approved assessing unit
  - f.  Other, state reasons \_\_\_\_\_
  - g.  Did not file within 30 days of filing of final roll
  - h.  Did not file with Board of Assessment Review

**NOTICE OF DISQUALIFICATION AND RIGHT TO JUDICIAL REVIEW**

If number 1a through 1f is checked, above, this petition did not qualify for review under the Small Claims Assessment Review Program. Pursuant to section 730 of the Real Property Tax Law, you may seek judicial review within 30 days of receipt of this notice.

		FINAL ASSESSMENT ROLL	CLAIMED ASSESSMENT	DECISION BY HEARING OFFICER
2.	<input type="checkbox"/> Unequal Assessment	Total Assessment \$ _____	\$ _____	\$ _____
3.	<input type="checkbox"/> Excessive Assessment	Exempt Amount \$ _____	\$ _____	\$ _____
4.	<input type="checkbox"/> Excessive Assessment	Total Assessment \$ _____	\$ _____	\$ _____
5.	<input type="checkbox"/> No change in assessment	Taxable Assessment \$ _____	\$ _____	\$ _____
6.	<input type="checkbox"/> Settled pursuant to an agreement of both parties.	\$ _____	\$ _____	\$ _____

**COSTS**

**AWARD OF COSTS** (Check if applicable)

Costs of \$ \_\_\_\_\_ are awarded to the petitioner, to be paid by the assessing unit.

Note to Hearing Officer: If the decision reduces the assessment by 50 per cent or more of the claimed reduction in assessment, you **MUST** award costs of \$25.00. If the decision reduces the assessment by less than 50 per cent of the claimed reduction in assessment, you **MAY** award costs of up to \$25.00.

**NOTICE OF REQUIRED ACTION BY ASSESSING AND TAXING JURISDICTIONS**

This decision grants your petition in whole or in part. The assessment will be changed, if possible, before the levy of taxes. or a refund of taxes will be made within 90 days of the date of this decision. Attached is a list of the name(s) of the person(s) or department(s) in this county responsible for taking this action. Compare the names of the taxing jurisdictions listed in PART III of your petition with the name(s) listed in the attachment to determine the appropriate person(s) or department (s) to be contacted, if the need arises.

State on the reverse side the findings of fact concerning the assessment, and the basis for your decision.

Name and Address of Hearing Officer

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

