



ASSESSMENT REVIEW CONSULTANTS, LLC

Property Tax Specialists with 25 Years Experience

Residential & Commercial Properties

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AUTHORIZATION TO FILE A PROPERTY TAX APPEAL

Please fill out below and return via mail, fax or e-mail.

I authorize **Assessment Review Consultants, LLC (ARC)**, to process my assessment reduction in any application, petition filed in the tax years **2018/19 (if filed in Village/City/Town)** and tax years **2019/20 (if filed in NASSAU COUNTY)** and to act as my **sole agent** in any property tax proceedings before any applicable:

- City/ Village/Town/County Representative, Board of Assessment Review or Assessment Review Commission and any Small Claims Assessment Review or Article 7 Judicial appeal filed in New York State Supreme Court,
- Municipality to negotiate as my agent any reductions/refunds, pursuant to my rights guaranteed by New York State Real Property Tax Law.

Furthermore, by signing below, I certify the following:

Eligibility: That I am: 1) a person named in the County Clerk records as a homeowner, or that person's authorized agent; or 2) a person who has contracted to buy the home; 3) the estate of a deceased homeowner and eligible under law to apply for a tax assessment reduction. If you are not in any of these categories, you are not eligible and should not sign this agreement.

Affiliations: I understand that **Assessment Review Consultants, LLC is not affiliated with any governmental agency.**

Services: I understand that I am not required by law to use a tax reduction service in order to file for and/or receive a reduction. I also understand that I may cancel this agreement, in writing, without harm or obligation within 5 days. By signing, I agree to have **ARC** to prepare and file a Grievance or Complaint to the Administrative agency, file a Small Claims Assessment Review Petition or Article 7 Judicial appeal in Supreme Court and if necessary to appear on my behalf at a Court proceeding or negotiate a settlement for me. **ARC** is authorized to negotiate as my agent any municipality refund check, minus any fees due and forward the balance to me. **ARC** will make reasonable efforts to communicate the terms of any offer of settlement made by the municipality during the course of the assessment review proceeding as required by law.

Fee: I agree to pay **ARC** a **reduced fee of 40 %** of the reduction and tax savings obtained for the tax years of the appeal, exclusive of any tax exemptions, within 30 days of the notification of the assessment reduction. I understand I will be responsible for this fee even if I move or sell the property. **Upon request only** by **ARC**, a \$30 state law filing fee will need to be paid when a Small Claims Assessment Review (SCAR) appeal is filed. The tax savings and reduction are calculated by multiplying the assessment reduction by the applicable tax rates prior to exemptions. After 30 days, if I default on said payment, I agree to pay 1% interest per month and if necessary reasonable attorney fees and court costs for any collection action.

Signature of any Owner

Date

Print Owner's Name

Phone Number

Address

E-mail Address-Print Clearly

City, State & Zip

Section / Block / Lot