

**Town of Sweden**  
**Assessor's Office**  
18 State Street  
Brockport, NY 14420  
Ph. (585) 637-8683

**INFORMAL REVIEW**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

**TAX ID #** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**Preliminary Assessed Value: Land:** \_\_\_\_\_ **Total:** \_\_\_\_\_

**Property owner's estimate of value:** \_\_\_\_\_

**Owner's complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supporting Documentation:**

- |  |   |
|--|---|
| <input type="checkbox"/> Photos            | <input type="checkbox"/> Estimate(s) of Repair(s)             |
| <input type="checkbox"/> Sale Contract     | <input type="checkbox"/> Instrument Survey                    |
| <input type="checkbox"/> Closing Statement | <input type="checkbox"/> Wetlands (DEC map)                   |
| <input type="checkbox"/> Appraisal*        | <input type="checkbox"/> Market Analysis                      |
| <input type="checkbox"/> Listing Agreement | <input type="checkbox"/> Structural Defects (Engineer Report) |

**Other** \_\_\_\_\_

**Other** \_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If providing an appraisal, note that while the information may be useful, the Assessor's office is not bound to accept the appraiser's conclusion of value.

Mail or Drop off completed form and documentation,  
Within 5 business days from date of hearing to the address  
Listed above.

Hearing officer only	
Hearing officer: _____	Date: _____ Time: _____
Hearing results:	
<input type="checkbox"/> No Change	
<input type="checkbox"/> Total Change: Land _____ Total _____	
<input type="checkbox"/> Comments _____	
_____	
_____	