

***Town of West Greenwich***

TAX YEAR 2024

**Real Estate – Account Filing per RIGL 44-5-15**

This form must be filed between January 1, 2024 & January 31, 2024. Incomplete forms will be returned. An extension request may be requested in writing between January 1 and January 31, 2024 in which case this form must then be filed between March 1, 2024 and March 15, 2024.

PROPERTY OWNER'S NAME \_\_\_\_\_

NAME OF AUTHORIZED AGENT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

PLAT / LOT: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Current Assessed Value: \_\_\_\_\_

Insured Value: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Based on: Appraisal / Real Estate Broker / Owner's Estimate

If there has been a change in the overall condition of your real estate, please explain below detailing those changes (attach applicable photographs). If there has been a change in the usage of your real estate (single family to two family, etc.) please explain below detailing those changes. If there is an error on your property record card, please explain below specifying the error and copy and sign the field card.

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

**APPLICANT'S CERTIFICATION**

I certify, under penalty of perjury, that the above listed information is to the best of my knowledge a true and exact account of all ratable estate owned or possessed by me. Any misrepresentation of these facts may result in a loss of your appeal rights in the Town of West Greenwich, or in Rhode Island Superior Court, should the undersigned so choose to appeal to that level.

Sign Name Here: \_\_\_\_\_

Print Name Here: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY PUBLIC**

State of Rhode Island; County of \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

My commission expires \_\_\_\_\_ Signature of Notary \_\_\_\_\_