TOWN OF OSSINING
16 Croton Avenue
Ossining, NY 10562
914-762-8274

Dear Property Owner,

You have filed an application for review of your 2026 property assessment (Form RP-524). In order to assist the Board of Assessment Review (BAR) in determining the market value of your property, please provide the following information pursuant to Sections 512, 524 and 525 of the Real Property Tax Law by **June 16, 2026** to the above address.

Please take notice that the Board of Assessment Review will hold hearings June 16, 2026 at **16 CROTON AVENUE, OSSINING**, between the hours of 4:30 PM and 8:30 PM.

**WE STRONGLY ENCOURAGE OWNERS TO COMPLETE THE GRIEVANCE QUESTIONNAIRE. A SUCCESSFUL GRIEVANCE DEPENDS IN LARGE PART ON THE QUALITY OF INFORMATION PROVIDED TO THE BOARD.**

If you choose to be represented, you **must** authorize that person to appear on your behalf (See Part Four of RP- 524). Should a representative appear in your stead, they should be knowledgeable as to the property's condition, amenities and attributes as well as the local real estate market.

- Grievance Day is the deadline for submitting Form RP -524 and the day that the BAR meets to hear complaints;

- 2026 Grievance Day is June 16 and the RP-524 must be received by the Assessor no later than 8:00 PM;

- Please submit the Grievance Questionnaire and supporting documentation to the Assessor's Office **no later than 2 weeks after filing the Form RP-524**, unless otherwise determined by the Board of Assessment Review;

- You will receive a notice from the Board of Assessment Review's determination prior to the filing of the Final Roll, September 15, 2026.

- You may appoint a representative to file on your behalf, although not required. Only one complaint is legally permissible for your property. Multiple filings may result in penalties from the representatives not chosen. **PLEASE READ ANY CONTRACT YOU MAY SIGN CAREFULLY.**

Thank you,

Please return to the Assessor's Office: 16 CROTON AVENUE, OSSINING, NY 10562

Filer (Owner/Representative): _____

Parcel ID:_____ Property Address:_____

**Grievance Questionnaire**

**TO BE COMPLETED AND SIGNED BY THE PROPERTY OWNER**

1. Does the owner reside in the subject premises? _____ If the property is rented, kindly provide copies of current leases;

2. Please attach recent photographs of the subject property both exterior and interior, including the kitchen, ALL bathrooms, basement, attic, and a view from the street;

3. Style of house (circle one): Cape Cod / Colonial / Contemporary / Mansion / Ranch
Raised Ranch / Split Level / Tudor / Mansion
Other: _____

4. Total number of rooms: _____

5. Total number of bedrooms: _____

6. Total number of bathrooms: Full_____ Half_____

7. Basement type (circle one): Full Partial Crawl Slab Walk-out
If partially finished, % of finished space _____

8. Please provide data relating to the cost of acquisition of the subject property, if acquired within the past five years. If the property is currently in contract, copies of the executed contract.

9. Please attach any recent appraisals of the subject property, **IF AVAILABLE**;

10. Is the subject property currently for sale? _____
- If Yes: Please attach listing agreement and/or current MLS listing.
- What is the asking price: $_____.

11. Lot size: _____

12. Please list any physical or cosmetic improvements that were made within the past 5 years. Additionally, please provide proof of cost of construction of any improvements to existing construction which is less than five years old including a tabulation of final costs by affidavit, and if incomplete, a tabulation of costs incurred for work in progress;

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Filer (Owner/Representative): _____

Parcel ID: _____ Property Address: _____

**FOR RESIDENTIAL PROPERTY (CONT'D)**

13. Please list any unusual or outstanding feature(s) i.e. water view, pool, tennis court, out-buildings, steep slopes, wetlands, easements, busy road frontage, etc._____

_____

14. Please provide copies of the first page of all fire and property damage insurance policies covering the subject property;

15. Please attach any additional information supporting your complaint including comparable sales in the neighborhood that indicates the assessment on the subject property is incorrect;

16. Does the property owner consent to an interior inspection of the subject property **IF** requested by the BAR: _____?

17. If you hired a tax representative to contest your assessment on your behalf, have they completed a thorough in-person inspection of your property? _____ If not, has one inspection been scheduled?

18. How many times have you filed an RP-524 in the last 5 years? _____ If one or more, was your value adjusted appropriately? _____

I, _____ (Property Owner), declare that the information provided is a complete and true statement to the best of my knowledge.

_____ _____
Signature of Owner Date

_____ _____
Signature of Representative Date

Please return to the Assessor's Office: 16 CROTON AVENUE, OSSINING, NY 10562

Filer (Owner/Representative): _____

Parcel ID:_____ Property Address:_____

**FOR COMMERCIAL PROPERTY**

**Please provide the following information:**

1. Federal Income Tax Returns covering operations of the subject property for the last two preceding years of operation;

2. Certified statement of income and expenses for the last 3 preceding years of operation;

3. Current rent rolls, with copies of all leases and / or subleases including the total square feet of each;

4. Data relating to the cost of acquisition of the subject property, and if acquired within the past three years, copies of complete contract and closing statement;

5. Copies of the first page all fire and property damage insurance policies covering the subject property;

6. Proof of cost of construction or of any improvements to existing construction which is less than five years old including a tabulation of final costs by affidavit, and if incomplete, a tabulation of final cost by affidavit, and if incomplete, a tabulation of cost incurred for work in progress;

7. Real Estate Appraisals, **IF** any;

8. Sketch or survey of the property.

I, _____, (Property Owner), attest that this information is true and correct to the best of my knowledge.

_____ _____

Signature of Owner Date

_____ _____

Signature of Representative Date

Please return to the Assessor's Office: 16 CROTON AVENUE, OSSINING, NY 10562