

TOWN OF HOPKINTON 1 TOWN HOUSE ROAD HOPKINTON, RHODE ISLAND 02833

2022 ANNUAL REAL ESTATE TRUE AND EXACT ACCOUNT

Of all ratable estate owned, or possessed, as of 12/31/2021 Per Rhode Island General Law 44-5-15

THIS FORM MUST BE FILED BETWEEN JANUARY 1, 2022 AND JANUARY 31, 2022

The Assessor's Office may grant an extension between January 1st and January 31st, in which case this form must be filed between March 1st, 2022 and March 15th, 2022.

Incomplete forms will be returned to you. Filing deadlines cannot be extended by the Assessor's Office.

Date of Application:	
Applicant(s) Name/ Title:	
Mailing Address:	
City/ State/Zip:	
Phone Number(s): Home	_Cell
Email Address:	

REAL ESTATE (If more than one parcel is owned or possessed, please explain on additional pages)

Property Location:					
Plat/Lot:					
Account Number:					
2017 Assessed Value	: <u>\$</u> \$ Building Land	-			
Estimated Fair Market Value: <u>\$</u>					
Based Upon:	Appraisal / Real Estate Broker / Owner's Estimate				



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

APPLICANT'S CERTIFICATION

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

Respectfully submitted,				
Sign Name Here:	Co-Owner			
Print Name Here:	Co-Owner			
Title:				
Date:				
NC	TARY PUBLIC			
State of Rhode Island				
County of				
Subscribed and sworn to before me at	tł	nis	_ day of	20
My commission expires:				
	Signatur	re of N	Notary Public	