

**TOWN OF ARROWSIC**

**APPLICATION FOR ABATEMENT OF PROPERTY TAXES**

(under 36 MRSA § 841)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/ email:** \_\_\_\_\_

**Tax year for abatement:** \_\_\_\_\_ **Tax map and lot number:** Map:\_\_\_\_Lot:\_\_\_\_\_

**Assessed valuation of real estate:** Land: \_\_\_\_\_ Bldg: \_\_\_\_\_

**Requested abatement in value:** Land: \_\_\_\_\_ Bldg: \_\_\_\_\_

**Reasons for abatement request:**

**To the Board of Assessors of the Town of Arrowsic:**

In accordance with the provisions of 36 MRSA § 841, I hereby make written application for abatement of property taxes as shown. The statements made are correct to the best of my knowledge and belief.

Date:

Signed:

**You must file this form within 185 days from the date of commitment of taxes.**

**ASSESSORS' OFFICE USE ONLY**

**ABATEMENT NO:** \_\_\_\_\_ **MAP/LOT NO:** \_\_\_\_\_ **ACCOUNT NO:** \_\_\_\_\_

The abatement is allowed in the amount of \$\_\_\_\_\_ valuation, for a tax abatement of \$:\_\_\_\_\_

The abatement is denied.

Tax Year:

Real Estate Land:

Building:

This abatement is credited to (name and address):

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For the following reasons: \_\_\_\_\_

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Signed, Chair, Arrowsic Selectboard/Assessors

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

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Return to Administrator; distribute copies:

- Copy to Tax Collector
- Copy to Treasurer
- Copy to Property Owner, with check.
- Original to Abatement Binder
- Copy to Property record

In case of denial, Chair of Select Board notifies property owner in writing. Property owner has sixty days from the date of this notice to appeal this decision to the County Commissioners of Sagadahoc County. There are certain payment requirements under 36 MRSA §§ 843 (4) or 844 (4) in order to enter an appeal from this decision if the property has a valuation of more than \$500,000.