



**Town of Cheektowaga
Assessor's Office
3301 Broadway
Cheektowaga, NY 14227
716-686-3440**

Commercial Informal Review Application

The Informal Review is completed prior to the filing of the Tentative Assessment Roll. This is where you can challenge your Preliminary Assessment determined by the Assessor's Office. Please provide copies of all additional relevant documentation you wish to have considered. Once turned in the information becomes the property of the Town of Cheektowaga. We are not able to provide you with any information turned in during an Informal Review.

Section 1: Property & Owner Information

- 1. Owner Name: _____
- 2. Owner Phone Number: _____
- 3. Property Address: _____
- 4. SBL (Section, Block & Lot Number): _____
- 5. Preliminary Assessment: _____
- 6. Requested Assessment: _____
- 7. Reason for Requested Assessment/Comments: _____

- 8. Property Description:
 - a. Property Use: _____ Year Built: _____
 - b. Square Footage: _____ Actual Rentable Area: _____
 - c. Purchase Date: _____ Purchase Price: _____
 - d. Improvements since purchase: _____
 - e. Pending Permits: ___ Yes ___ No Size: _____ Cost: _____

If any information provided by the Assessor regarding your property appears to be incorrect, or there are needed repairs to the property, please provide support for the change. This can be achieved by providing the following information:

- Property Survey
- Copy of the sales contract or recent appraisal
- Photographs of the property
- Any additional information to support your claim



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Section 2: Comparable Sales

Here is where you provide a list of homes comparable to your own that have sold in your neighborhood within the last three years and, support your claim for a lower assessment.

1. Comparable Sale:

- a. Property Address: _____
b. Sale Date: _____ Sale Price: _____
c. Square Footage: _____ Property Style: _____
d. Comments: _____

2. Comparable Sale:

- a. Property Address: _____
b. Sale Date: _____ Sale Price: _____
c. Square Footage: _____ Property Style: _____
d. Comments: _____

3. Comparable Sale:

- a. Property Address: _____
b. Sale Date: _____ Sale Price: _____
c. Square Footage: _____ Property Style: _____
d. Comments: _____

4. Comparable Sale:

- a. Property Address: _____
b. Sale Date: _____ Sale Price: _____
c. Square Footage: _____ Property Style: _____
d. Comments: _____

Based on the sale of the above properties, I believe that the estimated FULL MARKET VALUE for the subject property is _____.

Section 3: Signature/Authorization

Owner Signature: _____ Date: _____

I authorize _____ to discuss my Preliminary Assessment on my behalf.