



# TOWN OF CHEEKTOWAGA

## ASSESSOR'S OFFICE

3301 Broadway Street  
Cheektowaga, NY 14227  
Phone: (716) 686-3440  
Fax: (716) 686-3550

[assessmentoffice@tocny.org](mailto:assessmentoffice@tocny.org)  
[www.tocny.org/departments/assessor](http://www.tocny.org/departments/assessor)

## ASSESSMENT CHALLENGE WORKSHEET

Owner Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

### Establishing Market Value

Comparable Sale Address: \_\_\_\_\_

Sale Date: \_\_\_\_\_ Sale Price: \_\_\_\_\_ Source: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Property Style: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_

Comparable Sale Address: \_\_\_\_\_

Sale Date: \_\_\_\_\_ Sale Price: \_\_\_\_\_ Source: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Property Style: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Additional Info: \_\_\_\_\_

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## ASSESSMENT CHALLENGE WORKSHEET

### Extenuating Circumstances:

Did you purchase the property within the last three years?      Yes      No

If yes, complete the fields below.

Purchase price: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Any Seller's Concessions: \$ \_\_\_\_\_

Relationship between buyer and seller (parent-child, in-laws, siblings, none, etc.): \_\_\_\_\_

Did you list the property for sale within the last 12 months?      Yes      No

If yes, when and for how long? \_\_\_\_\_

Asking price: \$ \_\_\_\_\_

Nature of Listing (Real Estate Agent, For Sale by Owner, Facebook, etc.) \_\_\_\_\_

Have you had this property recently appraised?      Yes      No

If yes, when and by whom? \_\_\_\_\_

Purpose of appraisal: \_\_\_\_\_ Appraised Value: \$ \_\_\_\_\_

Have you recently remodeled, improved or constructed the property?      Yes      No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are there are discrepancies in the property's inventory?      Yes      No

If yes, explain and attach proof: \_\_\_\_\_

\_\_\_\_\_