CITY OF BIDDEFORD

APPLICATION FOR ABATEMENT OF PROPERTY TAXES

(Title 36 M.R.S.A., Section 841)

MAP_____ LOT_____ Tel._____

1. Tax Year for which you are Applying:_____

2. Name of Owner as of April 1st:_____

3. Name of Current Owner:_____

4. Property Address:_____

5. Assessed Value:_____

6. Amount of Reduction Requested in VALUE:_____

7. State specific reasons for amount of Abatement requested:_____

_____

_____

_____

_____

_____

(Continue on additional sheet(s) if needed)

8. What does Owner/Owners consider fair market value of the property in question?:_____

9. Does Owner(s) agree to admit the Assessor or members of the Board of Assessment Review to the lot and building(s) for purposes of inspection if requested? YES ( ) NO ( )

10. Signature of Applicant(s): Date:

_____ _____

_____ _____

Mailing Address of Applicant(s)

_____

_____

Revised 5/2/2011